## 123000416510

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE FEB - 1 2024

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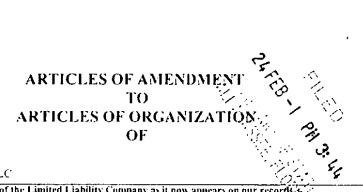
## **COVER LETTER**

TO: Registration S Division of Co			·
	NG SHELL LLC		
SUBJECT:	Name of Lit	nited Liability Company	
	f Amendment and fee(s) are su	•	
Please return all corresp	ondence concerning this matte	r to the following:	
	ABDQ HALAWA		
		Name of Person	
	HALAWA TAX CONSU	LTANTS	
		Firm-Company	
	7000 W 11TH ST STE 2	05	
	<del></del> . , , , , , , , , , , , , , , , , ,	Address	<del></del>
	WORTH, IL 60482		
	<del></del>	City/State and Zip Code	<del></del> -
	SALESTAX@STSTAXSE		
	li-mail address:	to be used for future annual report noti	tication)
For further information c	concerning this matter, please c	ull;	
FARES MOLHEM		708 923-1815	
Name o	d Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 1		Street Address: Registration Sec	Sion
Division of C		Division of Con	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



## A & F KING SHELL LLC

HELL LLC

(Name of the Limited Liability Company by it now appears on our records)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	Company were filed on 109:06-20	2.3 and assigned
Florida document number 1.23000416510	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designa	tion "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	******	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	d office address on our record	s, <u>enter the name of the new registered</u>
New Registered Office Address:		
	Enter Florida str	ret address
		, Florida
New Registered Agent's Signature, if changing Registered		Lip Code
· <del></del>		
I hereby accept the appointment as registered agent or oversions of all statutes relative to the proper and converge the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my di eent as provided for in Chapte ed office address, I hereby con	ities, and I am familiar with and or 605, F.S. Or, if this document is
	If Changing Registered Agent, Sig	nature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	AHMAD ZAHDAN	6815 N 56TH ST	EJAdd
		TAMPA, FL 33610	-
			□Change
			□Add
			DRemove
			☐Change
			DAdd
			□Remove
			□Change
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			ПРетволе
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Removing Ahmad Zahdan a		
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Factive data if ather than the	data of GUI	
in effective date is listed, the date mus	date of filing: (optional) st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to (4)	i5 02c
<u>ofe:</u> If the date inserted in this bl	ock does not need the applicable statutory filing requirements, this date will not be lis	ted a
cument's effective date on the De	upartment of State's records.	
ecord specifies a delayed effective	e date, but not an effective time, at 12:01 a.m. on the earlier of, (b). The 90th day after	er the
is filed.		
14X114DX 21	762.1	
ted JANUARY 23	2024	
	<u>L·</u>	
- ofi		
- 1	Signature of a member or authorized representative of a member	
FARES MOLHEM		

Filing Fee: \$25.00