

# L240000 117 05

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

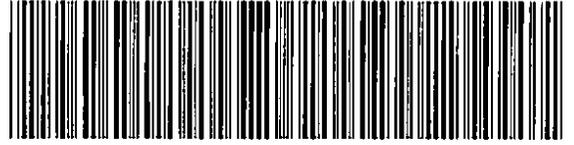
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2024 JUN 31 PM 4:09  
STATE OF TEXAS  
SECRETARY OF STATE

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2700 S Orange LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bochr Abdin

\_\_\_\_\_  
Name of Person

2700 S Orange LLC

\_\_\_\_\_  
Firm/Company

2923 East Lake Vista Circle

\_\_\_\_\_  
Address

Davie, FL 33328

\_\_\_\_\_  
City/State and Zip Code

babdin@hotmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

2024 JAN 31 PM 4:09  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE

For further information concerning this matter, please call:

Alan Abdin

954

675-4022

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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> | <u>Address</u>                           | <u>Type of Action</u>                   |
|--------------|-------------|--|---|
| Secretary    | Lena Abdin  | 2923 E LAKE VISTA CIRCLE DAVIE, FL 33328 | <input checked="" type="checkbox"/> Add |
|              |             |  | <input type="checkbox"/> Remove         |
|              |             |  | <input type="checkbox"/> Change         |
| Officer      | Rama Abdin  | 2923 E LAKE VISTA CIRCLE DAVIE, FL 33328 | <input checked="" type="checkbox"/> Add |
|              |             |  | <input type="checkbox"/> Remove         |
|              |             |  | <input type="checkbox"/> Change         |
|              |             |  | <input type="checkbox"/> Add            |
|              |             |  | <input type="checkbox"/> Remove         |
|              |             |  | <input type="checkbox"/> Change         |
|              |             |  | <input type="checkbox"/> Add            |
|              |             |  | <input type="checkbox"/> Remove         |
|              |             |  | <input type="checkbox"/> Change         |
|              |             |  | <input type="checkbox"/> Add            |
|              |             |  | <input type="checkbox"/> Remove         |
|              |             |  | <input type="checkbox"/> Change         |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

2024 JAN 31 PM 4:09  
RECORDS SECTION  
STATE OF MISSISSIPPI

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Jan 12, 2024

*[Handwritten Signature]*

Signature of a member or authorized representative of a member

Bachr Abdin

Typed or printed name of signee

Filing Fee: \$25.00