



Office Use Only



400440396144

12/03/24--01019--029 **25.00

SECRETARY OF STATE
TALL AHASSEF, FL

Pocusign Envelope ID: 257C345B-D0DD-4CBD-A99E-9C8E7D8338C4 COVER LETTER

	Registration Section Division of Corporations Shamma LLC CT: Name of Limited Liability Company				
SUBJECT:					
The enclosed Article	es of Amendment and fee(s) are sub	omitted for tiling.			
Please return all cor	respondence concerning this matter	to the following:			
	Gabriel Shamma				
	Shamma LLC	Name of Person			
	2211 Marsh Sedge	Firm/Company			
	winter Park/FL 32	Address 792			
	gabriel.shamma@gma	City/State and Zip Code il.com			
	E-mail address:	(to be used for future annual report notif	ication)		
For further informat	ion concerning this matter, please c	ratt:			
Gabriel Shamm	a	407 412-8093			
	ame of Person	at ()	Telephone Number		
Enclosed is a check	for the following amount:				
⊠ \$25,00 Filing F	ee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ddress: ion Section of Corporations	Street Address: Registration Sec Division of Con			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Docusign Envelope ID: 257C345B-D0DD-4CBD-A99E-9CBE7D8338C4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Shamma LLC	
(<u>Name of the Limited Liability Company</u> a (A Florida Limited Liab	is it now appears on our records.)
he Articles of Organization for this Limited Liability Company we	re filed on and assigned
lorida document number	
iorida document humoer	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability	v company here:
he new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	20
	SEC:
_	:-r: m !!
	\$\frac{1}{2} \dots \Gamma\cdot
-	SSE PR
Mailing address MAY BE A POST OFFICE BOX)	SSEE PH F:
-	77
	' 표 구
 If amending the registered agent and/or registered office add gent and/or the new registered office address here: 	ress on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Docusign Envelope ID: 257C345B-D0DD-4CBD-A99E-9CBE7D8338C4
Thankenoung Authorized rerson(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>		Type of Action
MGR	Gabriel Shamma	2211 Marsh Sedge Lane Winter Park Fl 32792	
			□Remove
			_ Change
			_ □Add
			□Remove
			Change
			🗆 Add
			□Remove
			🗀 Change
			□Add
			□Remove
			□Change
			□Adđ
			□ Remove
			Change
			□Add
			□Remove
			□Change

_	
_	
_	
-	
-	
_	
_	
_	
_	
_	
_	
lf an effe <u>Note:</u>	ve date, if other than the date of filing:
e record rd is fil	I 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 ed.
Dated	November 24 2024 antomy shamma
	antom shamma
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00