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(Requestor's Name)
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(Ĉity/State/Zip/Phone #)
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[a]
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COVER LETTER

l'O: Registration Sec Division of Corp			•			
NEAMAN (CAFE LLC					
SUBJECT:	Name of Limi	ited Liability Company				
		10 .00				
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	ASHER NEAMAN					
		Name of Person				
	NEAMAN CAFE LLC					
		Firm/Company				
	2790 STIRLING ROAD B	AY 5				
		Address				
	HOLLYWOOD FL. 33026)				
	<u> </u>	City/State and Zip Code				
	ASITRISH@OUTLOOK.C					
	E-mail address: (to be used for future annual report n	otification)			
For further information co	oncerning this matter, please co	all:				
ASHER NEAMAN		954 299 9941 at ()				
Name o	f Person	Area Code Dayt	ime Telephone Number			
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration S				
Division of C		Division of C				
P.O. Box 632	.7	The Centre of	f Tallahassee			
Tallahassee, i	FL 32314	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our r I Liability Company)	records.)	
y were filed on 03/14/2024		and assigned
ibility company here:		
bility Company," the designation	"LLC" or the abbre	viation "L.L.C."
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e address on our records, <u>e</u>	enter the name o	f the new regi
··		
Enter Florida street	address	<u></u>
.		
City	, Florida	Zip Code
	ability company here: bility Company," the designation	e address on our records, enter the name o

New Registered Agent's Signature, if changing Registered Agent:

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

·Ii 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
MGR	TAHEL HILAWI	6524 SW 41ST PLACE	□ Add
		DAVIE FL. 30314	■Remove
			Change
			□Remove
			☐ Change
			□Remove
			Change
			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change

			<u>-</u>	
TAHEL HILAWI (CHAN	GE: 30 UNITS TO -0- UNIT	(S)		
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ective date, if other than t	he date of filing: must be specific and cannot be pr	nor to date of filing or	more than 90 days after fi	(al) ling.) Pursuant to 605.020
te: If the date inserted in this	block does not meet the app	olicable statutory fil	ing requirements, this o	late will not be listed a
nument's effective date on the	Department of State's recor	ds.		
	ctive date, but not an effective	e time, at 12:01 a.n	n. on the earlier of: (b)	The 90th day after th
s filed.				
. APRIL 15	2024			
ed		•		
Δ	truck			
	Signature of a member or a	uthorized representati	ve of a member	<u> </u>
	D	•		

Filing Fee: \$25.00