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COVER LETTER

	ision of Cor				
SUBJECT:	Al Madina	Cafe, LLC			
sobstict.		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	ı all correspo	ndence concerning this matter	to the following:		
		Peter Hanna, Esq.			
			Name of Person		_
			Firm/Company		_
		500 SE 12 Street			
			Address		2021 AUS 12 SEPTE 12
		Fort Lauderdale, FL 33310			
		hanna@peterhannalaw.com	City/State and Zip Code		
For further in	nformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ification)	PR 22
Peter Hanna		·	954 523-3444 at ()		200
	Name o	f Person	Area Code Daytin	ne Telephone Numbe	r
Enclosed is a	a check for th	ne following amount:			
■ \$25.00 H	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
	iling Addres gistration S		<u>Street Address:</u> Registration Se	ection	
	-	orporations	Division of Co		
	D. Box 632		The Centre of		
Tal	llahassee J	FI 32314	2415 N. Monro	se Street, Suite S	31 0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Al Madina Cafe, LLC			·
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on our records.) [Liability Company]	
The Articles of Organization for this Limited L. Plorida document number		y were filed on May 15, 2024	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	<u> </u>
Principal office address MUST BE A STREI	ET_ADDRESS)		<u> </u>
			7
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)	4-	23
B. If amending the registered agent and/or agent and/or agent and/or the new registered office addre	• · ·	address on our records, enter th	ie name of the new regist
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street address	
		. Flor	ida
	-	City	Zip Code

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 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	Karam Abuznaid	6750 West Commercial Blvd	□Add
		Lauderhill, FL 33319	■Remove
			□Change
MGR	Jihad Abuznaid	7770 NW 46 Court	≣ Add
		Lauderhill, FL 33351	
			⊡Change
			
			□Add CEC □Remove: CEC □ □ Remove: CEC □ □ Change
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If the date inserted in this	block does not meet the applicable statu	story filing requirements, th	is date will not be liste
unem's effective date on the	Department of State's records.		
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filed.	tive date, but not an effective time, at 12	::01 a.m. on the earlier of: (b) The 90th day after
August 7 d	2024		
		-	
<u> </u>	Signature of a member or authorized repr	resentative of a member	

Filing Fee: \$25.00