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O: - Registration Section **Division of Corporations** THE HALAL TRAP LLC UBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: MUHAMMAD KOFAR-NAISA Name of Person Firm/Company 710 LIVE OAK PLANTATION RD Address TALLAHASSEE, FL 32312 City/State and Zip Code muhammad_naisa22@yahoo.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: AUHAMMAD KOFAR-NAISA Daytime Telephone Number Name of Person

Mailing Address:

■ \$25.00 Filing Fee

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

nclosed is a check for the following amount:

☐ \$30.00 Filing Fee &

Certificate of Status

Street Address:

□ \$55.00 Filing Fee &

Certified Copy (additional copy is enclosed)

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

☐ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

ARTICLES OF ORGANIZATION OF

THE HALAL TRAP LLC		
(Name of the Limited)	d Liability Company as it now appears on our recor A Florida Limited Liability Company)	<u>ds.</u>)
he Articles of Organization for this Limited Lia	ibility Company were filed on 5/21/2024	and assigned
lorida document number L24000235302	·	
his amendment is submitted to amend the follow	wing;	
. If amending name, enter the new name of	the limited liability company here:	
te new name must be distinguishable and contain the wo	rds "Limited Liability Company." the designation "LL	C" or the abbreviation "L.L.C."
nter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET	ADDRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u> </u>	
. If amending the registered agent and/or regent and/or the new registered office address	-	r the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	288
		lorida
	City	Zip Code

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

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

If Changing Registered Agent, Signature of New Registered Agent



IGR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
IGR	JALEESA MADISON	6834 CHISHOLM CT E	DAdd
		TALLAHASSEE. FL 32311	■Remove
			□Change
IGR	MUHAMMAD KOFAR-NAISA	710 LIVE OAK PLANTATION RD	= Add
		TALLAHASSEE, FL 32312	□Remove
			□Change
			□Add
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in effecti ote: [[date, if other than the date of filing:	0207 (ed as t
ecord s is filed	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ned NO	VEMBER 15 . 2024	
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Typed or printed name of signee