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2024 MOY IL PH 3: 30 SECRETARY OF STATE

## **COVER LETTER**

T0:

Registration Section Division of Corporations

Tallahassee, FL 32314

HOT SNA! SUBJECT:	HOT SNAPPER BELLE GLADE LLC		
JOHN	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mocen Khalill		
		Name of Person	
	HOT SNAPPER BELLE	SLADE ELC	
		Finn/Company	
	601 N Congress Ave Ste 4	10	
	Address Delray Beach Fl. 33445		
		City/State and Zip Code	
	Walid@jawssc.com	to be used for future annual report not	78 <sup>2</sup>
For further information e	oncerning this matter, please c	·	incation)
	oncerning this matter, pieuse e		
Mocen Khalil		561 534 5392 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration 9		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632	17	The Centre of 1	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOT SNAPPER BELLE GLADE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{10/22/2024}{10/22/2024}$ and assigned Florida document number <u>L24000448246</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HOT SNAPPERS BELLE GLADE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	<u>Address</u>	Type of Action
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			□Remove
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			□Change

Effec	ive date, if other than the date of filing:
Note:	fective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
e reco rd is f	rd 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 led.
	11/6/2024
Dated	
	Tue -
	Signature of a member or authorized representative of a member
	Mocen Khalil

Filing Fee: \$25.00