

L24000497895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

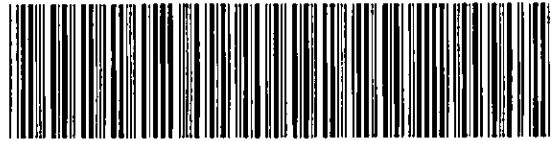
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

Amend/Name Change

JAN 27 2025

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FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301

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DATE: 01/24/2025

NAME: HAINES FURNITURE OUTLET LLC

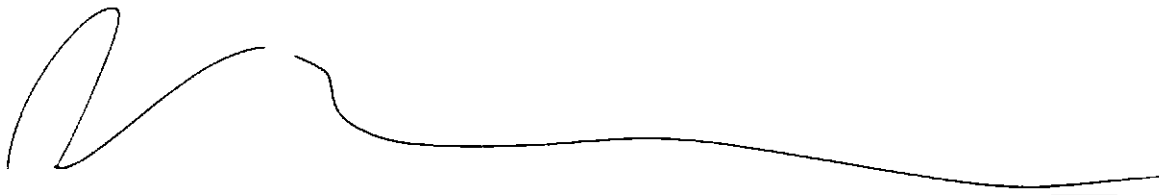
TYPE OF FILING: AMENDMENT

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2025 JAN 24 PM 1:19
STATE OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAINES FURNITURE OUTLET, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAKAN ODATALLAH

Name of Person

HAINES FURNITURE OUTLET, LLC

Firm/Company

35495 US 27

Address

HAINES CITY, FL 3844

City/State and Zip Code

info@paymps.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rakan Odatallah

813

766-9849

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

Street Address:

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

SEARCHED
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2025 JAN 24 PM 12:19

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

HAINES FURNITURE OUTLET, 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 12/03/2024 and assigned
Florida document number L24000497895

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HAINES CITY FURNITURE OUTLET, 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)

35495 US Hwy 27 N

HAINES CITY, FL 33844

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

35495 US Hwy 27 N

HAINES CITY, FL 33844

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:

RAKAN ODATALLAH

New Registered Office Address:

35495 US Hwy 27 N

Enter Florida street address

HAINES CITY

Florida

33844

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 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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|-----------------------|--|
| MGR | BOYLE, GARY | 35495 US Hwy 27 N | <input type="checkbox"/> Add |
| | | Haines City, FL 33844 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | BOYLE, ANDREW | 35495 US Hwy 27 N | <input type="checkbox"/> Add |
| | | Haines City, FL 33844 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | BALL, ROBERT | 35495 US Hwy 27 N | <input type="checkbox"/> Add |
| | | Haines City, FL 33844 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | SHALABI, BELAL | 35495 US Hwy 27 N | <input type="checkbox"/> Add |
| | | Haines City, FL 33844 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | ODATALLAH, RAKAN | 35495 US Hwy 27 N | <input type="checkbox"/> Add |
| | | Haines City, FL 33844 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee