

215000088531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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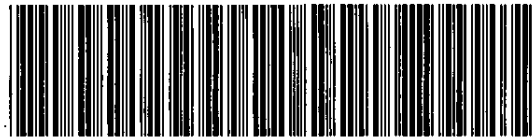
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 24 2016  
J. BRUCE

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations,**

AL RAWSHA TRADING US LLC

SUBJECT: \_\_\_\_\_  
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:

Vilmarie Mere

\_\_\_\_\_  
Name of Person

SGM Law Group PLLC

\_\_\_\_\_  
Firm/Company

800 Corporate Drive, Ste. 206

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33334

\_\_\_\_\_  
City/State and Zip Code

vmere@immi-usa.com

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

For further information concerning this matter, please call:

Vilmarie Mere

561

6559377

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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**TO  
ARTICLES OF ORGANIZATION  
OF**

AL RAWSHA TRADING US, 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 05/19/2015 and assigned  
Florida document number L15000088538.

This amendment is submitted to amend the following:

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

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)**

1419 10TH STREET

LAKE PARK

FL 33403

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

SAME AS ABOVE

**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:

SGM LAW GROUP PLLC

New Registered Office Address:

800 CORPORATE DRIVE SUITE 206

*Enter Florida street address*

FORT LAUDERDALE

Florida

*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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	AL RAWSHA TRADING	AL RAWDA, QNB BUILDING	<input checked="" type="checkbox"/> Add
		2ND FLOOR, OFFICE# 6	<input type="checkbox"/> Remove
		DOHA, QATAR 10478	<input type="checkbox"/> Change
MGR	Saad Douham Al Mohamed	AL RAWDA, QNB BUILDING	<input type="checkbox"/> Add
		2nd Floor, Office#6	<input checked="" type="checkbox"/> Remove
		Doha, Qatar 10478	<input type="checkbox"/> Change
MBR	JAMAL, Oscar	28000 Portofino Circle	<input type="checkbox"/> Add
		Palm Beach Gardens	<input type="checkbox"/> Remove
		FL 33418	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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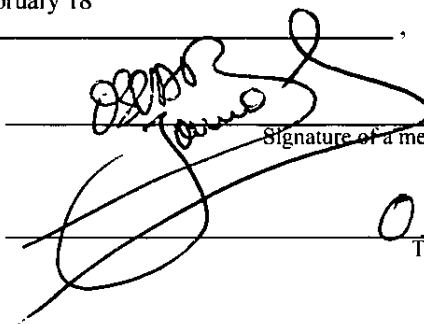
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated February 18, 2016

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
  
OSCAR JAMAL  
\_\_\_\_\_  
Typed or printed name of signee