

L170000184004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

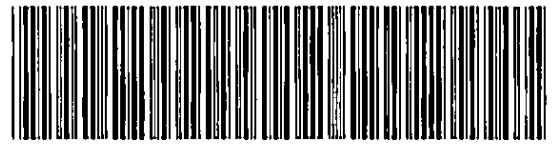
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CALLED 7/2/18
PERMISSION GIVEN TO CORRECT DOCUMENT BY MOHAMED
ON THIS DATE 7/2/18
Add LLC name on Page 1

Office Use Only



100315142341

add Amend

06/29/18--01022--013 **30.00

FILED
SECTION 17
JUN 29 2018
PH 4:00

N. CAUSSEUX

JUL - 2 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOH cleaning services L.L.C _____
name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing

Please return all correspondence concerning this matter to the following:

MOHAMED Ali Ali ELBIALLY _____
Name of Person

 _____
Firm Company

400 SW 101st terrace 212 _____
Address

Pembroke Pines, FL 33025 _____
City State and Zip Code

ELBIALLYMOHAMED@gmail.com _____
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

MOHAMED Ali ELBIALLY _____
Name of Person at 786 499- 4133 _____
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
2001 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Moh Cleaning Services 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 08/29/2017 and assigned Florida document number L 17000184004.

This amendment is submitted to amend the following:

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

SHARM OPERATOR L.L.C

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)

400 SW 101st Terrace 212 00
Pembroke Pines, FL 33025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

400 SW 101st Terrace 212
Pembroke Pines, FL 33025

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:

Ali ELBIALLY, MOHAMED A

New Registered Office Address:

400 S.W 101st Terrace #212
Enter Florida street address

Pembroke Pines
City

Florida

33025
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 attending 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>
MGRM	ALI ELBIALLY, MOHAMEDA	400 SW 101 ST TERRACE #212 Pembroke Pines, FL 33029	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

2018 JUN 28 PM 4:00
 SEARCHED
 SERIALIZED
 INDEXED
 FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
SECRETARY OF STATE
MICHIGAN
JUN 29 PM 4:00

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 6/19/2017 1:00 PM.


signature of a member or authorized representative of a member

MOHAMED A Ali ELBIALLY
Typed or printed name of signer