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Registration Section
Division of Corporations

SHRIECT

TAWIL, 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:



Name of Person

Serber & Associates, P.A.

Firm/Company

2875 NE 191st Street, Suite 801

Address

Aventura, FL 33180

City/State and Zip Code

info@serberlawfirm.com

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

For further information concerning this matter, please call:

Danilo Jimenez

305₉32-6262

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAWIL, LLC			
(Name of the Limited L	iability Company as it no	ow appears on our records.) ompany)	
· (A F	lorida Limited Liability C	ompany)	学家 古
		. 06/13/2008	
The Articles of Organization for this Limited Lia	bility Company were file	ed on 00/10/2000	and ssigned
Florida document number L08000058576			2 5
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			एवं 👺 🛅
This amendment is submitted to amend the follow	ving:		
A. If amonding name antar the naw name of t	ha limitad liability sam	many have	A P
A. If amending name, enter the new name of t	ne nimited nability com	pany nere:	
The new name must be distinguishable and end with	the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation
"L.L.C."			
Enter new principal offices address, if applical	ble:		
• • •			
(Principal office address MUST BE A STREET	ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or	registered office add	ress on our records, ente	r the name of the new
registered agent and/or the new registered offi		,	
Name of Name Desired and Assess	Daniel J. Serber		
Name of New Registered Agent:	<u> </u>		·
New Registered Office Address:	2875 NE 191st Str	eet, Suite 801	
		Enter Florida street a	ddress
	Aventura		33180
		, Florida _	7: 0.1.
	· 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member <u>Title</u> **Name Address** Type of Action TAWIL, MOISES A **MGRM** 1111 PARK CENTRE BLVD, SUITE 450 MIAMI GARDENS, FL 33169 Remove TAWIL, JOSE F MGR 1111 PARK CENTRE BLVD, SUITE 450 MIAMI GARDENS, FL 33169 2875 NE 191st Street, Suite 801 MGR S & A Company Management, LLC Aventura, FL. 33180 Remove Remove Remove Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
•			
			
			
Dated July 1st	<u>2013</u> .		
	Signature of a member or authorized representative of a member		
	per - Authorized representative of the members		
	Typed or printed name of signee		

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Filing Fee: \$25.00

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