113000108437

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D. ERUCE

COVER LETTER

TO: Registration Section **Division of Corporations** STATE GREEN 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: nora harbous Name of Person Firm/Company 11915 OTTAWA AVE Address ORLANDO, FL, 32837 City/State and Zip Code STARITRI@GMAIL.COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NORA HARBOUS

at (407) 697 2498

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

(Name of the Limited Liability (A Florida L	Company as it now appears on our records imited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number <u>L13000108437</u>	ompany were filed on <u>07/31/2013</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
ABIR'S HOLDINGS LLC		
The new name must be distinguishable and end with the word 'L.L.C."	ds "Limited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		5. 09
(Principal office address MUST BE A STREET ADDR	ESS)	CO (200)
		32-1-10 (Files
		SSE 25
Enter new mailing address, if applicable:		TO R III
(Mailing address MAY BE A POST OFFICE BOX)		記述 い mmy
		36 D _A
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	, Florid	a
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

STATE GREEN LLC

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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title]	<u>Name</u>	<u>Address</u>	Type of Action
MGR	AZIZ MOUNIR		Add
			Remove
MOD	NODA HADDOHO		
MGR	NORA HARBOUS		✓Add
			Remove
			Remove
			Add
			Remove
			L Add
			Remove
			Remove

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Typed or printed name of signee

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Filing Fee: \$25.00

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