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Office Use Only



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SECRETARY OF STATE

IZ APR 30 AH IQ

Dussama Jihadi

8 13 - 532-5372HR 30 AHIQU

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|-----------------|--------|
| SUBJECT: Dino Cellolar 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: | | |
| Hicham Jihadi Name of Person | | |
| Dind Cellular. Firm/Company | ſa 2 | |
| 9 P.O BOX 1422 | 2012 APR 3 | ****** |
| Lv +2 / FL 3.3 5 4 8 City/State and Zip Code | 30 AHIO | |
| E-mail address: (to be used for future annual report notification) | | way |
| For further information concerning this matter, please call: | | |
| OUSSAMA J. hadi at (813) 532-5372 Name of Person Area Code & Daytime Telephone Number | <u></u> r | |
| Enclosed is a check for the following amount: | | |
| (additional copy is enclosed) Certified | ite of Status & | d) |

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 Liab (A Flori | ility Company as it now app da Limited Liability Compar | pears on our records.) y) | ,,, | |
|---|--|---------------------------------------|-------------------|-------------|
| The Articles of Organization for this Limited Liabilit | y Company were filed on _ | 05/02/20 | | gned |
| Florida document number LOSOOD | 13092 | | 2 APR | ine har } |
| This amendment is submitted to amend the following | 3 : | | 30 Asset | Secondary (|
| A. If amending name, enter the new name of the | limited liability company | <u>here</u> : | AM IQ I | (,,,,,,,) |
| The new name must be distinguishable and end with the "L.L.C." | words "Limited Liability Co | mpany," the designation | "LLC" or the al | bbreviation |
| Enter new principal offices address, if applicable: | 2550 | E FOWIER | AVE | |
| (Principal office address MUST BE A STREET AD | DRESS) Tampa | FL 3361 | 2 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Tampa | 5052 SUNT , FL 3361 | ridge pal | ms Dr APtza |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | | n our records, <u>enter</u> | the name of | the new |
| Name of New Registered Agent: | Oussama : | Jihadi | | |
| New Registered Office Address: | 052 Sunrid | (E PA ms D Enter Florida street ac | API 2 | 104 |
| | Tampa City | , Florida _ | 33617 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.

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

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

Address Type of Action Title <u>Name</u> MGRM Jihadi, Hicham Jihadi, Oussama Jihadi, Yvette SUNY I SE PAIMS DI ART Add Remove □vgg; D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012. Dated APril Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00