# 105600112077

| (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: |                         |                   |           |
|--|-------------------------|-------------------|-----------|
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   | (Re                     | questor's Name)   |           |
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   |                         |                   |           |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  | (Ad                     | dress)            |           |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  |                         |                   |           |
| PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  | (Ad                     | dress)            |           |
| PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  |                         |                   |           |
| (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   | (Cit                    | y/State/Zip/Phone | #)        |
| (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   |                         |                   |           |
| (Document Number)  Certified Copies Certificates of Status   | PICK-UP                 | WAIT              | MAIL      |
| (Document Number)  Certified Copies Certificates of Status   |                         |                   |           |
| Certified Copies Certificates of Status  | (Bu                     | siness Entity Nam | ne)       |
| Certified Copies Certificates of Status  |                         |                   |           |
|  | (Do                     | cument Number)    |           |
|  |                         |                   |           |
| Special Instructions to Filing Officer:  | Certified Coples        | _ Certificates    | of Status |
| Special Instructions to Filing Officer:  |                         |                   |           |
| Special Instructions to Filing Officer:  |                         |                   |           |
| MA   | Special Instructions to | Filing Officer:   |           |
| JUD  |                         |                   |           |
|  |                         |                   |           |
|  |                         |                   |           |
|  |                         |                   |           |
| Move   |                         |                   | W TIN     |
|  |                         |                   | Mar.      |

Office Use Only



600110705176

HI/15/07--01016--015 \*\*25.00

SECREDARY OF STATE

## **COVER LETTER**

| TO: Registration S<br>Division of Co |                                |  |   |                      |      |
|--------------------------------------|--------------------------------|--|---|----------------------|------|
| СНАТ                                 | EAU RESERVE, L                 | 1.0  |   |                      |      |
| SUBJECT: CHAT                        |                                | mited Liability Company)                     | <del></del>   |                      |      |
|                                      |                                |  |   |                      |      |
| The enclosed Articles of             | f Amendment and fee(s) are su  | abmitted for filing.                         |   |                      |      |
| Please return all corresp            | ondence concerning this matte  | er to the following:                         |   |                      |      |
|                                      | Sco                            | tt D. Clark, Esq.                            |   |                      |      |
|                                      |                                | (Name of Person)                             |   |                      |      |
|                                      | SCO <sup>-</sup>               | TT D. CLARK, P.A.                            |   |                      |      |
|                                      |                                | (Firm/Company)                               |   |                      | ٠.   |
|                                      | 655 W. M                       | orse Boulevard, Suite 2                      | 212   |                      |      |
|                                      |                                | (Address)                                    | ******  |                      |      |
|                                      | Winte                          | er Park, Florida 32789                       |   |                      |      |
|                                      |                                | (City/State and Zip Code)                    |   | ALC<br>SEC           | 07 C |
| For further information              | concerning this matter, please | call:  |   | SECRETATY OF STATE   |      |
| Scott                                | D. Clark                       | at ( 407 ) 647-7600                          |   | #\\<br>#\\<br>#\     |      |
| <u> </u>                             | of Person)                     | (Area Code & Daytime                         | e Telephone Number)   | PAGE 1               |      |
| Enclosed is a check for the          | Callaguing amounts             |  |   | <del>- 2</del> " - ప |      |
| \$25.00 Filing Fee                   | \$30.00 Filing Fee &           | \$55.00 Filing Fee &                         | \$60.00 Filing Fee,   |                      |      |
| [V] \$25.00 Filing Fee               | Certificate of Status          | Certified Copy (additional copy is enclosed) | Certificate of Status &<br>Certified Copy<br>(additional copy is en |                      |      |
|                                      |                                |  |   |                      |      |

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

(A Florida Limited Liability Company)

# November 21, 2005 The Articles of Organization were filed on document number <u>L05000112077</u> FIRST: SECOND: This amendment is submitted to amend the following: "ARTICLE VI - MANAGEMENT This organization is to be managed by a manager or managers elected by a majority vote of its members. The initial managers, who shall serve until the earlier of their death, resignation, replacement or until the first annual meeting of members and their successors are elected and qualified, shall be NICHOLAS BURDEN and EHAB ABU-HALIMEH (a/k/a Mike Halimeh)." Dated October 10 2007 Signature of a member or authorized representative of a member Ehab Abu-Halimeh (a/k/a Mike Halimeh)

Typed or printed name of signee