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SECRETARY OF STATE

J. BRYAN

NOV - 9 2010

EXAMINER

COVER LETTER

TO: Registration Solivision of Co.			
SUBJECT:	Memphi	25, LLC	
	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	SS OF T
Please return all correspond	ondence concerning this matter	to the following:	Fright 3
	Now.	Name of Person	Ch STATE
	Men	uphis, LL	C
	•	Firm/Company/	a
	1710	Deffens Address	on Ave.
	Minn	Becch A City/State and Zip Code	= 133139
		,	
	E-mail address: (to be used for future annual report notifical	tion)
For further information of	concerning this matter, please of	eall:	
NAWA	1 Devtsa	6 at 726 234	(-6382
Name o	of Person .	Area Code & Daytime T	elephone Number
Enclosed is a check for t	he 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

Men	phis,L	·LC.
(<u>Name of the Limited Li</u> (A Plo	Mility Company as it now appears o orida Limited Liability Company)	ii our recorus.)
The Articles of Organization for this Limited Liabi Florida document number	lity Company were filed on	26/06 and assigned
This amendment is submitted to amend the following	ng:	TO THE PERSON OF
A. If amending name, enter the new name of the	e limited liability company here:	SSA
		Ma # O
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(Principal office address MUST BE A STREET A	(DDRESS)	·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	x)	
		
B. If amending the registered agent and/or i		records, enter the name of the new
registered agent and/or the new registered office	address here:	
Name of New Registered Agent:		
New Registered Office Address:		-
	Enter Florida street address	
_	City	Zip Code
New Registered Agent's Signature, if changing Regi	stered 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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> **Name Address** MGRM Ahmed Elfeki MGRM AKRUM Elfeki ☐ Add □ Remove ☐ Add Remove \square Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member, or authorized representative of a member

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00