## L07000050087

| (Re                     | equestor's Name)   |                        |  |
|-------------------------|--------------------|------------------------|--|
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| . (Ad                   | ldress)            |                        |  |
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| (Ad                     | ldress)            |                        |  |
|                         |                    |                        |  |
| (Cit                    | ty/State/Zip/Phone | <del>= #)</del>        |  |
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| PICK-UP                 | MAIT               | MAIL                   |  |
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|                         |                    |                        |  |
| (Do                     | cument Number)     |                        |  |
|                         |                    |                        |  |
| Certified Copies        | _ Certificates     | Certificates of Status |  |
|                         |                    |                        |  |
| Special Instructions to | Filing Officer:    |                        |  |
| Speciar instructions to | mining Officer.    |                        |  |
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Office Use Only



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ZOOT JUL 16 P 1: 28
SECRETARY OF STATE
ALLAHASSEE. FLORIDA

## **COVER LETTER**

| Division of Corp               |   |  |  |
|--------------------------------|---|--|--|
| SUBJECT:                       | MODN /<br>(Name of Li                       | LLC<br>imited Liability Company)                                 |  |
|                                | Amendment and fee(s) are so                 | -  |  |
| -                              | SAID  | MODNI (Name of Person)   |  |
| -                              |   | (Firm/Company)   | ZOO1 JUU<br>SECRE1<br>TALLAH,  |
| -                              | 614, 36th                                   | Strut . (Address)  | FILED  7001 JUL 16 P 1: 28  SECRETARY OF STATE ALLAHASSEE. FLORIDA                       |
| -                              | Union City                                  | NJ 07087<br>(City/State and Zip Code)                            | 1: 28 TATE ORIGA   |
| For further information co     | oncerning this matter, please               | call:  |  |
| . SA1D (Name o                 | 10DNI<br>(Person)                           | at (20) 392 - (Area Code & Daytim                                | 8803<br>le Telephone Number)   |
| Enclosed is a check for the fo | ollowing amount:                            |  | •  |
| \$25.00 Filing Fee             | ▼\$30.00 Filing Fee & Certificate of Status | S55.00 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

|         | MODNY LLC  |             |
|---------|--|-------------|
|         | (Present Name) (A Florida Limited Liability Company)   |             |
|         |  |             |
|         |  |             |
| FIRST:  | The Articles of Organization were filed on 05/10/07 and assigned document number L0700050087 |             |
| SECOND: | : This amendment is submitted to amend the following:  |             |
|         | Please change The Percentage of ownership as   | _           |
|         | follows:   |             |
|         | SAID MODNI: 45%  |             |
|         | Abdel AZiz Modni: 45 %   | _           |
|         | Abderrahman Modni: 10 % ESE 3  |             |
|         | HAS  |             |
|         | E.O.   |             |
|         |  |             |
|         | ATE ARIDA  | <del></del> |
|         |  | _           |
|         |  |             |
| Dated   | 07.06.07   |             |
|         | Con A  |             |
|         | Signature of a member or authorized representative of a member                               | _           |
|         | SAD MODNI  |             |
|         | Typed or printed name of signee  |             |

Filing Fee: \$25.00