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SECRETARY OF STATE
TAILANASSEE FLORINA

T. HAMPTON
JUL 2 1 2008
EXAMNER

## **COVER LETTER**

TO: Registration Sectorial Division of Corp.			
SUBJECT:	Warldmark (Name of Limit	Enterprise, ted Liability Company)	uc
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon-	dence concerning this matter t	to the following:	
	Mober	nad Solet (Name of Person)	7:00
		(Firm/Company)	
	527/ =	• •	4308
	tissimm	(Address)  (Address)  (City/State and Zip Code)	<u>//</u>
For further information co	ncerning this matter, please ca	II:	
Mohamad (Name of	Solehian	at (417) 435-46 (Area Code & Daytime To	481 elephone 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	End Liability Company as Florida Limited Liabil	s it now appears or ity Company)	n our records.)		
The Articles of Organization for this Limited L. Florida document number		e filed on 12	17/07	and assig	ined
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liability	company here:			
The new name must be distinguishable and end with "L.L.C."	th the words "Limited I	Liability Company,	" the designation "I	LC" or the ab	breviation
Enter new principal offices address, if applic	able:			TALL 180	
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE				18 PN 2: 29	LED
B. If amending the registered agent and/registered agent and/or the new registered of		address on our	records, enter	the name of	the new
Name of New Registered Agent:	Moba	mad	Saleh	(wn	
New Registered Office Address:	5271	Images	Cr. #3 Florida street ad	05 dans)	W-18-847
	hissian	(Enter	riorida street ad , Florida	3474 Zip Code	<b>5</b>

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 60%, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm liftet the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

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

MGR = Manager

MGRM = Managing Member **Type of Action** Title Address Name ☐ Add Remove \_ Add Remove **₼** Add Remove □ Add Remove Add Remove \_ Add 🗂 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ignature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00