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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

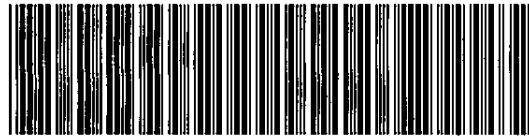
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/02/10--01017--011 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV - 5 AM 11:38

T. HAMPTON
NOV - 8 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MUAD'DIB INT'L GROUP, 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:

Christopher W. Reid

Name of Person

MUAD'DIB INT'L GROUP, LLC

Firm/Company

20907 NW 14th Place, Unit 550

Address

Miami Gardens, FL 33169

City/State and Zip Code

muadintl@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher W. Reid

Name of Person

at (**954**)

588-6887

Area Code & Daytime Telephone 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 NOV -5 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 3, 2010

CHRISTOPHER W REID
20907 NW 14TH PLACE
UNIT 550
MIAMI GARDENS, FL 33169

SUBJECT: MUAD'DIB INT'L GROUP, LLC
Ref. Number: L08000008009

We have received your document for MUAD'DIB INT'L GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person resigning and the person signing the resignation document must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 710A00025886

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV -5 AM 11:00

MUAD'DIB INT'L GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/23/2008 and assigned
Florida document number L08000008009.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our 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

, Florida

City

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.

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:

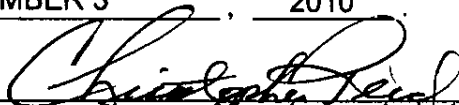
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KEVIN R. LEWIS	10905 SW 177 TERR MIAMI FL 33157	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
S	TERI L. REID	20907 NW 14th Place, Unit 550 Miami Gardens, FL 33169	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
T	JAMAR A. SCOTT	1001 OCALLA ROAD, APT. 257 TALLAHASSEE FL 32304	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
10 NOV -5 AM 11:08
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Dated NOVEMBER 3, 2010



Signature of a member or authorized representative of a member

CHRISTOPHER W. REID

Typed or printed name of signee