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T. CLINE

FEB 1 5 2008

EXAMINER

SECRETARY OF STATE TALLAHASSEE, FLORID

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: ADAM FINAUCIAL S | Liability Company) | |
| (Name of Limited | Liaomity Company) | |
| The enclosed Articles of Amendment and fee(s) are submitt | ed for filing. | |
| Please return all correspondence concerning this matter to the | ne following: | |
| PATRICIA S | (Name of Person) | |
| ADAM FIN | (Name of Person) ANCIAC SERVICES (Firm/Company) | , <u> </u> |
| 13060 W St | Ate Road 84 (Address) | |
| Davie FL (Ci | 33325 ty/State and Zip Code) | |
| For further information concerning this matter, please call: | | |
| Patricia Salman (Name of Person) | at (<i>954</i>) <u>427 – 3093</u> (Area Code & Daytime Teleph | one Number) |
| Enclosed is a check for the following amount: | | |
| \$25.00 Filing Fee \$\times \$30.00 Filing Fee \$\times \$\text{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 | STREET/COURIER ADI Registration Section Division of Corporations | DRESS: 25 200 5 |
| P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circ | cle SS S |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

| ARTIC | LES OF ORGANIZATION OF | |
|--|---|-----------------------------------|
| (Name of the Limited L | SERVICES LLC iability Company as it now appears on our reco lorida Limited Liability Company) | |
| The Articles of Organization for this Limited Liab | | 24, 2005 and assigned |
| This amendment is submitted to amend the follow | ring: | |
| A. If amending name, enter the new name of the new name must be distinguishable and end with the new name must be distinguishable and end with the new name must be distinguishable. | | gnation "LLC" or the abbreviation |
| "L.L.C." B. If amending the registered agent and/or registered agent and/or the new registered office | • | enter the name of the new |
| Name of New Registered Agent: | • | |
| New Registered Office Address: | (Enter Florida : | street address) |
| | , Flo | orida |

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.

(City)

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

(Zip Code)

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 = Ma | naging Member | | |
|--------------|---|--|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| <u>MGRM</u> | NADER JABRIEH | 6141 NW 33 rd Ter Fort Lauderdale, FL 33309 | Add Remove |
| MGRM | Khader Mnawer | 13060 W State Rd 84 Davie, FL 33325 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | SSE Add Remove |
| | | | Add Remove |
| | | (s) here: (Attach additional sheets, if necessary.) | _ |
| <u> </u> | nysical Address is | Mailir | ng oddness is |
| | 3060 W | State Rd. 84 (2) 33325 | |
| | , | | |
| | 108/2008 | Me | _ |
| - | Signature of a member of Mader Typed of | or authorized representative of a member 9 6 7 7 6 4 or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00