## LD800007944D

(Requestor's Name)
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(Document Number)
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**EXAMINER** 

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## **COVER LETTER**

TO: Registration Se Division of Con			
SUBJECT: Guenno	oun Group LLC		
	(Name of Lim	ited Liability Company)	<del></del>
	Amendment and fee(s) are sub	-	
riease return an correspo	ondence concerning this matter	to the following.	
	Mohamed Guennoun		
		(Name of Person)	
		(Firm/Company)	
	14226 Lagoon Cove Ln		
	TALLO LUGOON GOVO LIN	(Address)	- <del> </del>
	Winter Garden, FL 3478	7	
		(City/State and Zip Code)	
For further information of	concerning this matter, please o	all:	
Mohamed Guennoun		at ( 321 ) 297-3960	
(Name of Person)		(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	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

Guennoun Group LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compa	any were filed on August 19, 2008	and assigned
Florida document number L08000079440		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
Mohamed Guennoun LLC		
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	(same)	
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:	(same)	
(Mailing address MAY BE A POST OFFICE BOX)		
interest the control of the control		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		he name of the new
		09 TAL
Name of New Registered Agent:		
New Registered Office Address:		51
	(Enter Florida street add	dress)
	, Florida	
	(City)	(Zip Code)

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.

New Registered Agent's Signature, if changing 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

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1 Decembe	r 29 , 2008	•	9 JAN -5
1 Decembe	AM	r or authorized representative of a member	Jan

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Filing Fee: \$25.00