

L08000082340

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(City/State/Zip/Phone #)

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(Document Number)

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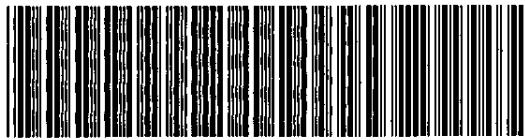
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EXAMINER



000214360270

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV 18 AM 10:14

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Laylah, 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:

NOV 18 AM 14  
FILED OR STATE  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE

Akram Awad

Name of Person

\_\_\_\_\_  
Firm/Company

120 S. Dixie Highway, #101

Address

West Palm Beach, FL 33401

City/State and Zip Code

alex@naylah.com

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

For further information concerning this matter, please call:

Akram Awad

Name of Person

at ( 561 )

659-7373

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
MAY 18 AM 10:14

The Articles of Organization for this Limited Liability Company were filed on 8-28-08 and assigned Florida document number L08000082340.

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:** 120 S. Dixie Highway, #101  
**(Principal office address MUST BE A STREET ADDRESS)** West Palm Beach, FL 33401

**Enter new mailing address, if applicable:** 120 S. Dixie Highway, #101  
**(Mailing address MAY BE A POST OFFICE BOX)** West Palm Beach, FL 33401

**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:** Akram Awad  
**New Registered Office Address:** 120 S. Dixie Highway, #101  
*Enter Florida street address*  
West Palm Beach , Florida 33401  
*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:

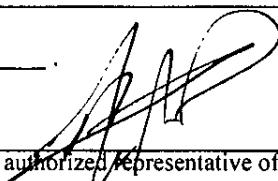
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr.	Akram Awad	120 S. Dixie Highway, #101 West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Mgr.	Edward Costa	11814 Knightsbridge Place Wellington, FL 33449	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mrg.	Akram Awad	11814 Knightsbridge Place Wellington, FL 33449	<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.)

Dated 11-16, 2011.



Signature of a member or authorized representative of a member

Akram Awad

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00