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SECRETARY OF STATE
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T. CLINE

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**EXAMINER** 

## **COVER LETTER**

TO: Registration Seconds Division of Corp				
SUBJECT:	AULA ALI (Name of Lim	LLC.	<del> </del>	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	2840 D	Jafry (Name of Person)  SIGN SOLUTION (Firm/Company)  Stirling road (Address)		
	Hollywood	City/State and Zip Code)		
	oncerning this matter, please c	at ( <u>S61)</u> 756-43 (Area Code & Daytime T	νς ώ Υπγ	
Enclosed is a check for th			AM 10: OF STV E. FLO	
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & 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

MAULA ALI LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our re iability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>Lo 80000 915 23</u>	were filed on Sep	$24^{\circ}08$ and assigned
This amendment is submitted to amend the following:		Λ
A. If amending name, enter the new name of the limited liabi	ility company here:	NA
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	- JA	
Enter new mailing address, if applicable:		TS DE
(Mailing address MAY BE A POST OFFICE BOX)	NA	ECRETY TO NOW
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our record	s, enter the same of the new
registered agent and/or the new registered office address here		FLOI FLOI
Name of New Registered Agent:	$\mathcal{N}_{n}$	RIDA
New Registered Office Address:	(Enter Florido	a street address)
	, F	`lorida
	(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 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

<u>Title</u>	Name		Address				ype of Ac	:tion
MGRM	Nageen O	Parry	1231) 800a Ro	st. Si aton Fl	mon Dr 33428	·	Add Remove	
MGRM	Saulat As	slam	4270 Davie	SW 70 , FL 3	o tev 3 3 14	<b></b>	Add Remove	
							Add Remove	
_		_/			<u></u>		Add Remove	
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		_				記	Add Remove HOV	21622
D. If amend	ing any other information,	enter change(s	) here: (Attac	ch addition <b>e</b> l s	heets, if necess	ARY OF STA	要層 KOV -3 AH IO: 44	
							/ #F	
Dated //	0-21-08 Nagan F	africe	<u> </u>					
	Signature	of a member or Fofry	authorized rep		member	· · ·	<u> </u>	

Page 2 of 2

Filing Fee: \$25.00