## L09000068741

(Requestor's Name)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	•
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
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Office Use Only



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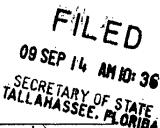
## **COVER LETTER**

Division of Cor			
SUBJECT:	Та	wil LLC.	
SOBJECT.	······································	ed Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to th <del>e</del> following:	
		Mohamed Farouk	<u> </u>
		Name of Person	
		Tawil LLC.	
		Firm/Company	
	737	8 W Atlantic Blvd #275	
		Address	
	Marg	gate, Florida 33063-4214	
		City/State and Zip Code	
	in E-mail address: ((	fonetp@bellsouth.net to be used for future annual report notifica	tion)
For further information of	concerning this matter, please c	all:	
	named Farouk		79-2140
Name o	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for t	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)
	LING ADDRESS: tration Section	STREET/COURIED Registration Section	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	Tawil LLC.	HASSEE. PLONE	
(Name of the Limited Liability (A Florida)	Company as it now apper Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C Florida document numberL0900068741	Company were filed on	July 16th, 2009 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company he	ere:	
B	Γ-Infonet LLC		
The new name must be distinguishable and end with the wor"L.L.C."	rds "Limited Liability Comp	pany," the designation "LLC" or the abbreviati	on
Enter new principal offices address, if applicable:			-
(Principal office address MUST BE A STREET ADD)	RESS)		-
	<del></del>		
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)			
			-
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the name of the ne	è <b>w</b>
Name of New Registered Agent:			-
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	E	nter Florida street address	
		, Florida	
	City	Zin 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	<u>Name</u>	<u>Address</u>	Type of Act
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			Add
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			Damaria
<del></del>			Demove
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mend	ling any other information, enter (	change(s) here: (Attach additional shee	Remove ts, if necessary.)
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			ts, if necessary.)
mend	September 10 ,	2009  ember or authorized representative of a me	SECRETARY OF SIM

Page 2 of 2

Filing Fee: \$25.00