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T. HAMPTON
DEC 1 5 2009
EXAMINER

COVER LETTER

Т0:	Division of Cor				
SUBJEC	`. TT•	ESOUS H	IOLDINGS, LLC		
SOBOL			ed Liability Company		•
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
	_				
	_				
	_				
					
		E mail addrace: ()	City/State and Zip Code o be used for future annual rep	ort notification)	-
For furth	ner information o	concerning this matter, please co	·	or nouncation)	
***************************************		MIRA ZAKI	at (305)	825-1123 Daytime Telephone Number	
	name o	f Person	Area Code &	Daytime Telephone Nume	oer
Enclosed	d is a check for t	he following amount:			
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) Certifi	Filing Fee, cate of Status & ed Copy onal copy is enclosed)
	Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	Registration	`Corporations	

Tallahassee, FL 32314

2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	ESOUS HO	OLDINGS, LL	.c		
(C)	me of the Limited Liability Co. (A Florida Limit	ed Liability Compar	pears on our records.		
The Articles of Organization i	for this Limited Liability Comp	eny were filed on	NOVEMBER 10, 20	09 and assigne	đ
Florida document number	L09000108590				
This amendment is submitted	to amend the following:				
A. If amending name, enter	the new pame of the limited	liability company	<u>here</u> :		
The new name must be distinguing.L.L.C.	shable and end with the words "I	Limited Liability Co	mpany," the designation "l	LLC" or the abbre	viation
Enter new principal offices a	ddress, if applicable:			9	<u>\</u> 2.2\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(Principal office address MU)	ST BE A STREET ADDRESS	<u> </u>		문	<u> </u>
					_으로고
Enter new mailing address, i	f annlies ble	•		79	1880 14.00 17.00
Mailing address MAY BE A			····		- 985
				भ= _{6?} छ	ATE
70 YA	3444				2 5
	red agent and/or registered ew registered office address i		n our records, <u>enter t</u>	<u>ne name oi the</u>	<u>new</u>
Name of New Regist	ered Agent:				
New Registered Office	ce Address:				
	Enter Florida street address				
		Cin	, Florida	72 (7 7:	
New Beststaved Agentle Stores	ure, if changing Registered Age	City	•	Zip Code	
JOH PERSON OF WHEN YOUR	HIEF IN PRINCIPLE WERNIGLED WAS	HH.			

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

Title <u>Name</u> Address Type of Action MGRM MIRA ZAKI 7777 NW 146TH ST ☑ Add Remove MIAMILAKES, FL 33016 Remove ☐ Add Remove Remove □Add Remove DbA. Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **DECEMBER 4 2009** Dated Signature of a sucumber or authorized representative of a member ADEL ROFAEL Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00