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C. LEWIS

APR 1 1 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpor		\$ <u>1</u>	E 1	'	•	Mr.	1974 16 .	. **
SUBJI	ECT: NOOK	CONTRA	ACT/No Name of Lim	G L	LC_ lity Compa		<u></u>	·	"2
					,	,			
The en	closed Articles of Am	endment and	fee(s) are su	ibmitted for	r filing.				
Please	return all corresponde	nce concerni	ng this matte	er to the fol	lowing:				
		A 130	u CKAz	C IM Nan	A C	1-146	RI		
	-	NOOR	CON 7	RACT Fin	T/NG n/Company	LC	- <u>C</u>		
	-	1749	NEM	IAMI	CT .	# 20:	3		
	-	MIAV ak de	MI, F	City/Star	33 13 te and Zip C	2 Code			
	_	ak de	219N@	yakwa (to be used f	or future an	nual report no	otification)	
For fur	ther information conc								
142	DOULICATE IM Name of Per	ALF son	+AGFI	<u>/</u> at	(305) Area	896 Code & Day	37-8 time Telep	hone Number	
. /	ed is a check for the fo]\$ 30.00 Filin	g Fee &		00 Filing I]\$ 60.00 Fil	
•		Certificate	e of Status		rtified Cop Iditional co	opy is enclos	sed)	Certified	te of Status & Copy al copy is enclosed)

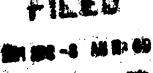
MAILING ADDRESS:

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



NOOR CONTRACTION	16 LLC	MENDOTARY OF STATES
(Name of the Limited Liabili	167 LLC ty Company as it now appears on our Limited Liability Company)	TO SEE TO LEARNING
		,
The Articles of Organization for this Limited Liability	Company were filed on $1/21$	2010 and assigned
Florida document number 1 1000000774		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
BELKASA LLC		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the c	lesignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1749 Ne Mian	33/32-
(Principal office address MUST BE A STREET ADD	RESS) APT 203	
	MIAM (FL	33/ <i>32</i> -
	- , , , , , , , , , , , , , , , , , , ,	
Enter new mailing address, if applicable:	1749 NE N	IAMI eT
(Mailing address MAY BE A POST OFFICE BOX)	ATP 203	3/32
	Migner FL 2	3/32
B. If amending the registered agent and/or regis		rds, enter the name of the new
registered agent and/or the new registered office add	<u>tress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Floria	la street address
	,	Florida
	City	Florida 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> **Type of Action** <u>Name</u> **Address** MGR ABBULKARAM ALKAGRI 1749 NE MIAMIET

APT 203

MEANI, FT 35132

MGLM REGINA JOBSELT 1749 NE MIAMIET

APT 203 Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 3/25/2011 Signature of a member or authorized representative of a member ABDULKARIM ALHAGIRT
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00