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SECRETARY OF STATE DIVISION OF COMPORATIONS

N COOPER JUL 23 2018

## **COVER LETTER**

	Registration Sec Division of Corp			
cum m	OUAIDA G	ROUP, LLC		
SUBJEC	.1:	Name of Limit	ted Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please re	eturn all correspor	ndence concerning this matter t	o the following:	
		CHRISTINE M. BERK		
			Name of Person	
		MILLER JOHNSON LAW	/, P.L.	
			Firm/Company	
		247 MAITLAND AVE., SU	UITE 1000	
			Address	
		ALTAMONTE SPRINGS	, FL 32701	
			City/State and Zip Code	
		_	HNSONLAWGROUP.COM	
		E-mail address: (t	o be used for future annual report notific	ration)
For furth	ner information co	oncerning this matter, please ca	11:	
CHRIS'	TINE M. BERK		407 478-7958 at ()	
	Name of	Person	Area Code Daytime '	Felephone Number
Enclosed	d is a check for th	e following amount:		
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional cupy 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

OUAIDA GROUP, LLC					
(Name of the Limit	ed Liability Compa (A Florida Limited)	any as it now appears o Liability Company)	n our records.)		
The Articles of Organization for this Limited L	iability Company	were filed on 04/15	5/2010	and assign	ıed
Torida document number L10000041517	·				
his amendment is submitted to amend the following	owing:				
a. If amending name, enter the new name o	f the limited liab	oility company here	:		
he new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the desi	gnation "LLC" or the abb	reviation "L.L.C	
Enter new principal offices address, if applic	able:			18 JUL	SE CH
<u>Principal office address MUST BE A STREE</u>	(T ADDRESS)			JL 16	ETARY
Inter new mailing address, if applicable:		237 OCEAN BLU	IFF DRIVE	PM 2:	OF VIEW
Mailing address MAY BE A POST OFFICE	BOX)	KISSIMMEE, FL	32701	03	ÖKS
3. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			ur records, <u>enter t</u>	he name of	th
	247 MANTI AN	ID AVE. SHITE 400			
New Registered Office Address:	Z47 MALLAN	ND AVE., SUITE 100 Enter Florida	street address		
	ALTAMONTE		Florida <u>327</u>	01	
			LIVINA		

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	BASSAM F OAUIDA	247 Maitland Ave., Suite 1000	
		Altamonte Springs, FL 32701	☐ Remove
		c/o Miller Johnson Law, P.L.	☐ Change
			Add
			□ Remove
			Change
			□ Add
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			Change
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			<b>5</b> 60

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Dated			
Signature of a member or authorized representative of a member	Dated JULY 11 . 2018		
Signature of a member or authorized representative of a member	+ / h $+$ /		
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	J. GARY MILLER, AUTHORIZED SIGNATORY		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00