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COVER LETTER

TO: Registration : Division of Co		, , , , , , , , , , , , , , , , , , ,
SUBJECT:	FALAFEI	_ KINGDOM LLC
	Name of Lim	ited Liability Company
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.
Please return all corresp	pondence concerning this matte	r to the following:
	MO	HAMMAD M. DABBOUSI
		Name of Person
	Firm Company	
		2820 GRIFFIN ROAD
		Address
	FORT	LAUDERDALE, FL 33312
		City/State and Zip Code
	E-mail address: (to be used for future annual report nonfication)
For further information	concerning this matter, please	eall:
MOHAM	MAD M. DABBOUSI	at (954) 986-4545
Name	of Person	Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount:	
∑ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	LING ADDRESS:	STREET/COURIER ADDRESS: Registration Section

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

	FALAFEL KINGDOM LLC	,	·
(Name of the Lit	mited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limit	ted Liability Company were filed on	10/04/2010	and assigned
Florida document number L1000	0103042		
This amendment is submitted to amend the	e following:		
A. If amending name, enter the new na	me of the limited liability company he	<u>:re</u> :	
The new name must be distinguishable and er	nd with the words "Limited Liability Comp	pany," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if a	pplicable:		
(Principal office address MUST BE A SI	REET ADDRESS)		
Enter new mailing address, if applicable	·		
(Mailing address MAY BE A POST OFF			
,			
B. If amending the registered agent registered agent and/or the new register		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:		nter Florida street addre	200
,	Д		~~·
	City:	, Florida	Zip Code
Nam Ragissanad Agans's Cignamus, if shans	ring Paristaned Agants		•

New Registered Agent's Signature, if changing Registered Agent:

 $\sigma \dots 1$

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 morely 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

Page 1 of 2

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> <u>Name</u>

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Mohammad M. Dal	2820 GRIFFIN ROAD Fort Lauderdale_FL 33312	
			Add Remove
modelium dischale della Palitica Pa	4		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information	, enter change(s) here: (Attach additional sheets, if necessary	<i>)</i> —
 Dated	February 4		
Dated	1 condity 4	-, <u>2011</u> .	
	Signatu	re of a member or authorized representative of a member	
		Mohammad M. Dabbousi	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00