## L10000120560

| (Re                     | equestor's Name)   |  |
|-------------------------|--------------------|--|
| (Ad                     | dress)             |  |
| (Ad                     | dress)             |  |
| (Cit                    | ty/State/Zip/Phone | <del>(</del> #)  |
| PICK-UP                 | ☐ WAIT             | MAIL   |
| (Bu                     | siness Entity Name | e)   |
| (Do                     | ocument Number)    |  |
| Certified Copies        | _ Certificates o   | of Status <u>`                                    </u> |
| Special Instructions to | Filing Officer:    |  |
| :                       |                    |  |
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2012 APR 19 AM 8: 48
SECRETARY OF STATE TALLAHASSEE, FLORIDA



## **COVER LETTER**

| TO:     | Registration Se<br>Division of Cor | ection<br>porations                        |  |   | . <b>1</b> 2   |
|---------|------------------------------------|--|--|---|--|
| SUBJE   | ECT:                               | ANG  | SHERI LLC  |   | THE THE  |
|         |                                    | Name of Limi                               | ted Liability Company  |   | AND THE SERVICE OF TH |
| The en  | closed Articles of                 | Amendment and fee(s) are sub               | omitted for filing.  |   | EFFE E   |
| Please  | return all correspo                | endence concerning this matter             | to the following:  |   | TRIDA  |
| •       |                                    |  | AYSHE KADIR  | <u> </u>  |  |
|         |                                    |  | Name of Person   |   |  |
|         |                                    | A  | S ENTERPRISES LLC  |   |  |
|         |                                    |  | Firm/Company   | ····  |  |
|         |                                    | 2  | 17 W RIVERSIDE DR  |   |  |
|         |                                    |  | Address  | <del>, , , , , , , , , , , , , , , , , , , </del> | •  |
|         |                                    |  | HIDITED EL 22460   |   |  |
|         |                                    |  | JUPITER, FL 33469 City/State and Zip Code                    |   | •  |
|         |                                    | INFO                                       | DA3ENTERPRISES.CC  | nM  |  |
|         |                                    |  | to be used for future annual report                          |   |  |
| For fur | ther information o                 | oncerning this matter, please o            | ali:   |   |  |
|         |                                    | SHE KADIR                                  | at (_561 )   | 427 7246  |  |
| _       | Name o                             | f Person                                   | Area Code & Da   | ytime Telephone Numbe                             | r  |
| Enclos  | ed is a check for th               | ne following amount:                       |  |   |  |
| \$25    | i.00 Filing Fee                    | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is encl | osed) Certifie                                    | ate of Status &  |

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2012

AYSHE KADIR AE ENTERPRISES LLC 217 W RIVERSIDE DR JUPITER, FL 33469

SUBJECT: ANGHERI LLC Ref. Number: L10000120560



We have received your document for ANGHERI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 012A00010849

## ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

| ARTICLES OF<br>T  | AMENDMENT O ORGANIZATION OF  RILLC   |  |
|---|--|--|
| ARTICLES OF C   | DRGANIZATION FROM THE PROPERTY OF THE PROPERTY |  |
| O   | F  |  |
| ANGHE   | BULC .   |  |
| (Name of the Limited Liability Comps<br>(A Florida Limited)   | INV as it now appears on our records.)   |  |
| (A Florida Limited )  | Liability Company)   |  |
| The Articles of Organization for this Limited Liability Company   | were filed on11/19/2010 and assigned   |  |
| lorida document numberL10000120560  | _  |  |
|   |  |  |
| This amendment is submitted to amend the following:   |  |  |
|   |  |  |
| a. If amending name, enter the new name of the limited liab   | ollity company here:   |  |
|   |  |  |
| ne new name must be distinguishable and end with the words "Lim: L.L.C."  | ited Liability Company," the designation "LLC" or the abbreviation   |  |
| Inter new principal offices address, if applicable:   | 217 W RIVERSIDE DR   |  |
| Principal office address MUST BE A STREET ADDRESS)  | JUPITER  |  |
| The sput office duties most but A STREET ADDRESS  | FL 33469   |  |
|   | 1 1 00400  |  |
|   |  |  |
| nter new mailing address, if applicable:  | 217 W RIVERSIDE DR   |  |
| ·   | JUPITER  |  |
| · · · · · · · · · · · · · · · · · · ·   |  |  |
| · · · · · · · · · · · · · · · · · · ·   | JUPITER  |  |
| Mailing address MAY BE A POST OFFICE BOX)  . If amending the registered agent and/or registered of  | JUPITER  FL 33469  Tice address on our records, enter the name of the new  |  |
| Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered of  | JUPITER  FL 33469  Tice address on our records, enter the name of the new  |  |
| Mailing address MAY BE A POST OFFICE BOX)  . If amending the registered agent and/or registered of egistered agent and/or the new registered office address her                                 | JUPITER  FL 33469  Tice address on our records, enter the name of the new  |  |
| Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered of   | JUPITER  FL 33469  Tice address on our records, enter the name of the new  |  |
| 04714170  | JUPITER FL 33469  Tice address on our records, enter the name of the new e:  |  |
| Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her  Name of New Registered Agent: | JUPITER  FL 33469  Tice address on our records, enter the name of the new e:   |  |

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.

City

Zip Code

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 **Address Type of Action** <u>Title</u> <u>Name</u> MGR AYSHE KADIR SUITE 600, 4440 PGA BOULEVARD ☐ Add PALM BEACH GARDENS FL 33410. ✓ Remove CHERRY KINGMAN MGR SUITE 600, 4440 PGA BOULEVARD □ Add PALM BEACH GARDENS FL 33410 ✓ Remove MGRM CHERRY KINGMAN 217 W RIVERSIDE DR ✓ Add JUPITER FL 33469 Remove ☐Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 29TH MARCH 2012 Dated Signature of a member or authorized representative of a member AYSHE KADIR Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00