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D. BRUCE
SEP 22 2011
EXAMINER

# **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	Rouzani L Name of Limi	L C ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Ana.e.	Rouzani Name of Person			
	Rouza	ni ILC			
	10024	Firm/Company			
	2901 N.	Nebraska Ave	<u> </u>	ALL ALL	
	Tampa.	FL. 33602 City/State and Zip Code	<u></u>	SEP 21 RETARY AHASSE	Park.
	Zrouzani	@ gmail · com			17
	E-mail address: (	to be used for future annual report notificati	on)	CS &	
For further information	concerning this matter, please of	call:			
Zain Rou		zania (813) 500 02	.18	حتر <del>-</del>	
Name (	of Person •	Area Code & Daytime Te	iepnone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of St Certified Copy (additional copy	tatus &	

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

Rouzani L						
(Name of the Limited Liabil (A Florid	lity Company la Limited Lia	as it now appea bility Company)	ars on our reco	<u>rds.</u> )		
The Articles of Organization for this Limited Liability Florida document number <u>L. 1.4.000052</u>	/ Company w 902	vere filed on <u></u>	14/201	<b>l</b> a	nd assigned	
This amendment is submitted to amend the following:	:					
A. If amending name, enter the new name of the li	mited liabili	ty company he	ere:			
The new name must be distinguishable and end with the w "L.L.C."	vords "Limite	d Liability Comp	any," the desig	nation "LLC" o	r the abbrevi	ation
Enter new principal offices address, if applicable:		2901	North	Nebra	ska o	ave.
(Principal office address MUST BE A STREET ADI	DRESS)	Tampa (813	· A.	33602 -0218	11 S	
Enter new mailing address, if applicable:		sa	me as	above	P 21	- Trans
(Mailing address MAY BE A POST OFFICE BOX)				-		-M
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	sistered offic ddress here:	ce address on	our records,		ime of the	new
Name of New Registered Agent:	Ana	. C. f	Rouzar	<u> </u>		
New Registered Office Address:	2901	North E	Ne bra nter Florida st	sk av	ie	<del>,</del>
	Tamp		, Flo	rida <u>33</u> 0	<u>002</u>	
New Registered Agent's Signature, if changing Registe	red Agent:	City		Ζιp	o Code	

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>Name</u> **Type of Action** Title **Address** 20hra Rouzani ☐ Add Remove Ana. c. Rouzani MGRM 2901 N. Nebraska Ave Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ignature of a member or authorized representati Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00