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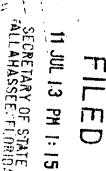
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J. BRYAN

JUL 14 2011

EXAMINER

COVER LETTER

TO: Registration So Division of Co			
SUBJECT: ST	Set Soum Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	wis	Sum Assad Name of Person	
	51 D	ersoum LLC Firm/Company	
	2180 N. He	tclues Ave.	FILED JUL 13 PM 1:19 LAHASSEE, FI ORID A
	Clearwat	er, Florida 33 City/State and Zip Code Ssad@ Aol. Con	5705
	E-mail address: (1	to be used for future annual report notifica	tion)
For further information c	oncerning this matter, please c	all:	
WISSOW Name o	f Person	at (<u>813</u>) <u>45 4 – 8</u> Area Code & Daytime T	Celephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy 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

ST Bersoum	LIC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appea Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability (Company were filed on	5-19-2011	and assigned
Florida document number <u>W110000 277</u> L110000 6059	28 10	SECR	T T
This amendment is submitted to amend the following:		HASSAR	2 1
A. If amending name, enter the new name of the lim	ited liability company he	re:	圣口
Sa	me No	hange =	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Comp	pany," the designation "LLC"	of the abbreviation
Enter new principal offices address, if applicable:		same	
<u>(Principal office address MUST BE A STREET ADDI</u>	RESS)		
Enter new mailing address, if applicable:		Same	
(Mailing address MAY BE A POST OFFICE BOX)			
			_
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, enter the n	name of the new
Name of New Registered Agent:	S	DIME	
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	Zi	ip 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>Name</u> Address **Type of Action** wissam assad ☐ Add □ Remove _ Add ☐ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 07-09-2011 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00