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SECRETARY OF STATE
FALL AHASSEE, FLORDA

K.SALY EXAMINER OCT 17 2012

COVER LETTER

Division of Corpo	orations						
SUBJECT:	Atta	qwa, LLC					
	Name of Limited Liability Company						
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.					
Please return all correspond	lence concerning this matter t	to the following:					
	· · · · · · · · · · · · · · · · · · ·						
		Lisa A. Musial					
	Name of Person						
	Musial & Musial Co., LPA						
	Firm/Company						
	2002 De	el Prado Blvd., S., Ste. 101					
	Address						
	C	ape Coral FL 33990					
	City/State and Zip Code						
	lamusial@musialmusial.com E-mail address: (to be used for future annual report notification)						
	E-mail address: (to	be used for future annual report notifical	tion)				
For further information con	cerning this matter, please ca	ll;					
Lisa	A. Musial	at (239) 77	72-0639				
Name of F	Person	Area Code & Daytime T	elephone Number				
Enclosed is a check for the	following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

TO:

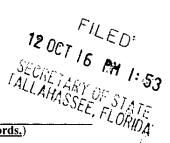
Registration Section

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



	Attagwa, LLC		- FLORIDA	
(Name of the Limite	d Liability Company as it now appear A Florida Limited Liability Company)	s on our records.)	- THUA	
The Articles of Organization for this Limited I. Florida document numberL1100007	• • •	7/5/2011	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Compa	my," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STREA	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	C BOX)			
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>enter 1</u>	the name of the new	
Name of New Registered Agent:	Lisa A. Musial, Esq.			
New Registered Office Address:	2002 Del Prado Blvd., S., S	Ste. 101 ter Florida street add	iress _	
	Cape Coral	, Florida	33990	
	City		Zip 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, K.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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Gonzalo Proano	97-12 63rd Drive #9E Rego Park NY 11374	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
, , , , , , , , , , , , , , , , , , , 			Add Remove
			Add Remove
D. If amen	ding any other information, ente	r change(s) here: (Attach additional sheets, if necessa	ry.)
-			
	October 4	2012	<u> </u>
Dated	, 	member or authorized representative of a member	
		Mohamad Elbadawy	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00