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TO COMMON FEB 19200

## **COVER LETTER**

TQ: Registration Division of	on Section Corporations	
SUBJECT:	3086 Dickinson LLC  Name of Limited Liability Company	
The enclosed Article	es of Amendment and fee(s) are submitted for filing.	
Please return all corr	espondence concerning this matter to the following:	
	Waffa G. Rassam Name of Person	
	Firm/Company	
	3596 Massy Creek Lare	
	Tallahassee FL 32311 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further informati	on concerning this matter, please call:	
Waffa G	Rassam at (850) 284-2678  me of Person Area Code & Daytime Telephone Number	
Enclosed is a check t	For the following amount:	
<b>2</b> \$25.00 Filing Fee	Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	i)

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

## 1327

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED 2013 FEB 19 PM 12: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Or	TALLAHMOOLE, FLORIDA
3086 Dick	inson LLC
(Name of the Limited Liability Company (A Florida Limited Liability Company)	
(A Florida Limited Lia	
The Articles of Organization for this Limited Liability Company v	were filed on $\frac{10/26/11}{}$ and assigned
Florida document number <u>L1100009.87</u>	97
	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
Rassam Investme	nto 11C.
The new name must be distinguishable and end with the words "Limite "L.L.C."	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	
registered agent and/or the new registered office address here.	
Name of New Registered Agent:	
	,
New Registered Office Address:	Enter Florida street address
	enier rioriaa sireet aaaress

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

If Changing Registered Agent, Signature of New Registered Agent

Florida

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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			Add	
			Remove	
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<del> </del>			Add	
			Remove	
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			Remove	

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
٠ -	
Dated	
	Waffa G. Rassan
	Signature of a member or authorized representative of a member
	Typed or printed name of signce
	Page 3 of 3

Filing Fee: \$25.00

SECRETAL

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2018 FEB 19 PM 12: 57
SECRETARY OF STATE