

L11000122409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

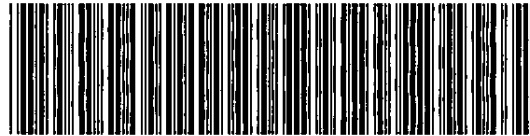
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan APR - 3 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MS GROUP OF BBD LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOATAZ DARWISH

Name of Person

MS GROUP OF BBD LLC

Firm/Company

13430 BRUCE B DOWNS BLVD

Address

TAMPA, FL 33612

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOATAZ DARWISH

Name of Person

at **813 454-3419**

Area Code & Daytime Telephone Number

Enclosed is a check for the 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**

FILED
2013 APR -1 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MS GROUP OF BBD LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/26/11 and assigned
Florida document number L11000122409.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13430 Bruce B Downs Blvd
Tampa, FL 33612

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13430 Bruce B Downs Blvd
Tampa, FL 33612

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Sameh Ahmed

New Registered Office Address:

13430 ~~BRUCE B DOWNS~~ Bruce B Down Blvd SW
Enter Florida street address
tampa, Florida 33612
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, 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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SAMEH AHMED	1303 W ARTICS ST	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33604	<input type="checkbox"/> Remove
		525 S LINCOLN AVE APT 206	
MGR	MOATAZ DARWISH	TAMPA, FL 33609	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	SALEH M ELSHABRAWY	8801 HUNTER LAKES DR APT 317	<input type="checkbox"/> Add
		TAMPA, FL 33647	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated March 29, 2013.

Motaz Darwish

Signature of a member or authorized representative of a member

³
MOATA DARWISH

M.D

Typed or printed name of signee

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