

L11 000122 409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

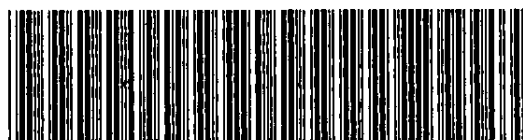
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TALLAHASSEE, FLORIDA

13 MAY 17 PM 2:07

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MAY 20 2013

B. KOHR

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:

SAMEH AHMED

Name of Person

MS GROUP OF BBD LLC

Firm/Company

13430 BRUCE B DOWNS BLVD

Address

TAMPA, FL 33612

City/State and Zip Code

SALEH_SHABRAWY@HOTMAIL.COM

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

For further information concerning this matter, please call:

SALEH M ELSHABRAWY

Name of Person

at (**714**) **580-3434**

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

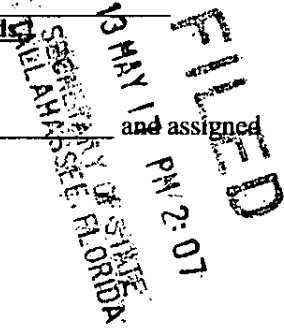
FILED
13 MAY 17 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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
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)

MOATAZ DARWISH

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:

MOATAZ DARWISH

New Registered Office Address:

13430 BRUCE B DOWNS BLVD

Enter Florida street address

TAMPA

City

Florida 33612

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,TAMPA,FL 33604	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	MOATAZ DARWISH	13430 BRUCE B DOWNS BLVD,TAMPA,FL 33612	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGRM	SALEH M ELSHABRAWY	7702 TUSCANY WOODS DR,TAMPA,FL 33647	<input checked="" type="checkbox"/> Add
			<input 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 _____, _____

Signature of a member or authorized representative of a member

MOATAZ DARWISH

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00