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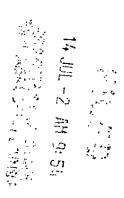
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1. Statuers 1171 0 0 2014

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	barazi@khalil group llc
5000	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	muhamad barazi
	Name of Person
	barazi@khalil group llc
	Firm/Company
	1361 royal palm sq blvd # 4
	Address
	fort myers FI 33919
	City/State and Zip Code
	mbarazi56@yahoo.com
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
mu	hamad barazi (239 _, 9394299
	Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

barazi@khalil group llc				
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Conference Florida document number L11000135091	ompany were filed on 11/	/30/2011	and assig	ned
This amendment is submitted to amend the following:	- ∙			
A. If amending name, enter the new name of the limi	ted <u>liability</u> company her	<u>e</u> :		
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the do	esignation "LLC" or the ab	breviation "L.L	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, <u>enter t</u>	<u>he name of</u>	the new
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:		<u> </u>		• • •
	Enter Floria	da street address	<u></u>	\$
	City	, Florida	Zin Code	<u> </u>
New Registered Agent's Signature, if changing Registered	Ť		₹7 01 814 6	ter wat

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name Address **Type of Action** muhamad barazi mgr □ Add Remove; □ Add _____ _ _ _ _ _ _ Remove

If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
- -	
	·
	e date, if other than the date of filing: (optional) ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
Dated	
	M. Barry
	Signature of a hember or authorized representative of a member Muhamad Barazi
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00