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(Re	equestor's Name)	
(Ad	ldress)	·
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
) (Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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K.SALY EXAMINER ICT -7 2014



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 2, 2014

OTMANE BOULAVANI 2158 COLONIAL BLVD FORT MYERS, FL 33901

SUBJECT: BARAZI & KHALIL GROUP LLC

Ref. Number: L11000135091

We have received your document for BARAZI & KHALIL GROUP LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 914A00014365

COVER LETTER

Division of Corpo			
SUBJECT: BARA		GROUP UC	
The enclosed Articles of Am	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	otmane F	SOULADUANT Name of Person	
		Firm/Company	
		TimeCompany	
	2158 col	ONIAL BLUD Address	Unit
	FORT M	LERS FL 33° City/State and Zip Code	P01
-	Otmane 117 E-mail address: (to	be used for future annual report notification	ation)
For further information conc	eerning this matter, please cal	II:	·
Otmane Boo Name of Pe	JLA OVANI erson	at (239) 6712 Area Code Daytime T	922 elephone Number
Enclosed is a check for the f	ollowing 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

FILED 2014 SEP 29 AMII: 21 **OF**

Name of the Limited Liability Comp	any as it now appears on our records.)
(A Florida Limited	Any as it now appears on our records.) Liability Company) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on 11/30/2011 and assigned
Florida document number <u>L 11 000 135691</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and end with the words "Limited Lia	ibility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2158 colonial B LVD Unit1
(Principal office address MUST BE A STREET ADDRESS)	FORT MY ERS FL 33907
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	office address on our records, enter the name of the new
Name of New Registered Agent:	IANE BOULAOUANI
New Registered Office Address: 2158	Enter Florida street address
Fo R	THUFRS Florida F1 33907

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 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.

City

If Changing Registered Agent, Si

Zip Code

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 = Man AMBR = Auth	ager norized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	OTMANE BOULDOUANI	2158 colonial BLVD und 1	_ Z Add
			□ Remove
Анва	KHALIL MALEK	2158 colonial D LVD with	□ Add
			∠ Remove
		T. T	Add File English 29 MII: 21
			OF SAdd 21 21 21 CRemove
			_□ Add
			_□ Remove _□ Add _□ Remove

tive date if other than	the date of filing.	(optional)
ective date, in other than	the date of filing: cannot be prior to date of receipt or filed date a he Florida Department of State)	nd cannot be more than 90 days after
	•	
te this document is filed by th	. 2014.	
e this document is filed by th	•	

Page 3 of 3

Filing Fee: \$25.00

ZANSEP 29 AMII: 21