L11000135247

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number))
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EXAMINER



COVER LETTER

TO: Registration Sec Division of Corp		,			
SUBJECT: MOHAMAI		AN ESTABLISMENT IMPORT&E	XPORT LLC		
	Name of Limi	ited Liability Company	1 N'S		
	Amendment and fec(s) are sub		ADEC-7 # 9.		
Please return all correspor	dence concerning this matter	to the following:	至		
	AP	ARICIO, MARCO A SR	بي م		
		Name of Person			
·	MOHAMAD ALI FARHAT EL GUFRAN ESTABLISMENT IMPORT&EXPORT LLC Fimi/Company				
	1111 BRICKEL AVE, 11 TH FLOOR				
	Address				
	MIAMI FL 33131				
	City/State and Zip Code				
	E-mail address: (rco@iwcgroupinc.com to be used for future annual report notifica	tion)		
For further information co	ncerning this matter, please c	all:			
	O, MARCO A SR	at (at (210)3	73-5263		
Name of	Person	Area Code & Daytime T	'elephone Number		
Enclosed is a check for the	e 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)		
34.11.11	NG ADDDCCC				

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

MOHAMAD ALI FARHAT EL GUFRAN ESTABLISMENT IMPORT&EXPORT I

(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 ____ 11/30/2011 L11000135247 Florida document number 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
MGRM	APARICIO, MARCO A III	1111 BRICKEL AVE 11TH FLOOR MIAMLEL 33131 US	Add Remove
Andrew Communication of the Co			Add Remove
-			Add Remove
			Add Remove
			Adđ Remove
D. If amend	ing any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	
			_
Dated	A de	2011	
	APA	RICIO, MARCO A SR ed of printed name of signee	
	/	and or printed milite or signed	

Page 2 of 2

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