

Division of Corporations

Page 1 of 1

L120000012360

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((FI14000286672 3)))



FI140002866723ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : ASMA & ASMA, P.A.
Account Number : I20060000067
Phone : (407) 656-5750
Fax Number : (407) 656-0486

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**
Email Address: bill.asma@asmapa.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DARI NATIONAL CO., LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

RECEIVED

14 DEC 11 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC 11 PM 2:45

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

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

DARI NATIONAL CO., LLC

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

FILED
14 DEC 11 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/25/2012 and assigned Florida document number L12000012360.

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

Florida

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 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

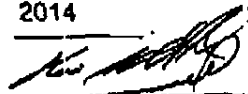
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|---------------------------|--|
| MGR | HANI ALSHAIBI | 8457 Sand Lake Shores Ct. | <input type="checkbox"/> Add |
| | | Orlando FL 32836 | <input checked="" type="checkbox"/> Remove |
| MGR | ZOHAIR ALSHAIBI | 8457 Sand Lake Shores Ct. | <input checked="" type="checkbox"/> Add |
| | | Orlando FL 32836 | <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 |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 11, 2014



Signature of a member or authorized representative of a member

Hani Alsohaibi

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

(((H14000286672 3)))