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(Requestor's Name)
(Address)
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K.SALY EXAMINER MAY 24 2012



May 14, 2012

AWAD & DAYEM, LLC MACHDI KHAMIS AWAD 17317 HOMESTEAD AVE. MIAMI, FL 33157

SUBJECT: AWAD & DAYEM, LLC Ref. Number: L12000055911

We have received your document for AWAD & DAYEM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 912A00014276

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: AWAD S DAYEM 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:			
Muchdi Khamis Awad Name of Person			
Awad & Dayen LLC Firm/Company			
17317 Homestrad Ave			
Migmi, Fl 33157 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Machai Knamis Awad at 786, 537-7298 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status 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 OF

FILED

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SEGRETARY OF STATE
ALLAHASSEE, FLORDA

AWAD + DAVEM, L	LC	PUT records.)	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on clability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L\200055911</u> .		_	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
NA			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," t	he designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	MH.		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	Mp		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ecords, enter the name of the new	
Name of New Registered Agent:	MA		
New Registered Office Address:	M/A Enter Fi	orida street address	
	, Florida		
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** ☐ Add ∠ Remove - Add ---Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Machai Khamis Awad.
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00