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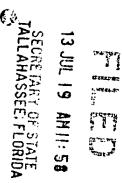
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO:

Registration Section
Division of Corporations

MAZAZIK FOOD RESTAURANT LLC

SUBJECT

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:

| ATTIA FARAG | | |
|--|--|--|
| Name of Person | | |
| | | |
| Firm/Company | | |
| 2033 SW 173rd Ave. | | |
| Address | | |
| Miramar, FL 33029 | | |
| City/State and Zip Code | | |
| maher_malak@homtial.com | | |
| E-mail address: (to be used for future annual report notification) | | |

For further information concerning this matter, please call:

ATTIA FARAG

₃₁,305,**502-828**1

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55,00 Filing Fee &
Certified Copy
(additional copy is enclosed)

Certified Comprise enabsed)

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

MAZAZIK FOOD RESTAURANT LLC

(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 05/15/2012and assigned Florida document number <u>L12000065344</u> 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: **ATTIA FARAG** Name of New Registered Agent: 9431 W. ATLANTIC BLV New Registered Office Address: Enter Florida street address CORAL SPRINGS City

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.

ATTIA CAVAS

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------|-----------------------|---------------------------------|
| MGRM | ATTIA FARAG | 9431 W. ATLANTIC BLY | ✓ ✓ Add |
| | | CORAL SPRINGS, FL3307 | 1 Remove |
| MGRM | FARIED FARAG | 9431 W. ATLANTIC BLY | |
| | | CORAL SPRINGS, FL3307 | 1 Remove |
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|). If ame | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| ated | |
| | ATTia Favag |
| | Signature of a member or authorized representative of a member |
| | ATTIA FARAG |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

13 JUL 19 AM II: 58
SECRETARY OF STATE
TALLAHASSEE, FLORID