·L12000072888

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COVER LETTER

	on Section f Corporations					
SUBJECT:	Estafa	n Holdings LLC				
		nited Liability Company				
The enclosed Artic	es of Amendment and fee(s) are su	ubmitted for filing.				
Please return all co	respondence concerning this matte	er to the following:				
		Amgad Estafan Name of Person				
		Name of reison				
	MetroMeds					
		Firm/Company				
	409 E Michigan St.					
		Address				
		Orlando, FL 32806				
		City/State and Zip Code				
	Es	stafan2001@yahoo.com (to be used for future annual report notification				
	E-mail address:	(to be used for future annual report notification	on)"			
For further informa	tion concerning this matter, please	call:				
	Amgad Estafan	at (407) 375	5-8517			
N	ame of Person	Area Code & Daytime Tel				
Enclosed is a check	for the following amount:					
\$25.00 Filing Fe	ce \$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)			
R D P	AAILING ADDRESS: egistration Section division of Corporations O. Box 6327 allahassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED PAIR 27 Dies.

		- 400 i	4 / PH 12: 08
Estafan I	Holdings	St. J. M. L.	<u> </u>
Estafan l (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on ou Liability Company)	r_recondst) AHA	SSEE. FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on5/3	31/2012	_ and assigned
Florida document numberL12000072888			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
		20	
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the	designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:	409 E Michigan St.		
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32806		
,			
Enter new mailing address, if applicable:	409 E Michigan St.		
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32806		
			<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ords, <u>enter the</u>	name of the new
	-		
Name of New Registered Agent:			
New Periodenal Office Address	, .		
New Registered Office Address:	Enter Flor	ida street addres.	<u> </u>
	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 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		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	FAUG 27
_ _ _			PA PA 12: 08
Dated		·	>
		er or authorized representative of a member	
	Туре	Amgad Estafan d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00