## L/2000/32482

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PICK-UP WAIT MAIL					
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EXAMINER					

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SECRETARY OF STATE
TALLAHASSEE, FLORIBA

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Please find enclosed my amendment of Napfold, LLC.

I may be reached at 954-483-3381 Khalid Deels 2041 SW 176 th Ave, Miramar, FL 33029

## **COVER LETTER**

TO: **Registration Section Division of Corporations** Napfold 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: Khaled Deeb Name of Person Napfold Firm/Company 1010 Hollywood Blvd Address Hollywood, FL 33019 City/State and Zip Code kdeeb@mail.barry.edu

For further information concerning this matter, please call:

Khaled Deeb

<sub>#(</sub>954<sub>1</sub>483-3381

E-mail address: (to be used for future annual report notification)

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)

□\$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

Napfold				
(Name of the Limited Liabili	ty Company as it now appears on our a Limited Liability Company)	records.)	······································	
(7110116	Ocho, 1	7		
The Articles of Organization for this Limited Liability		r, 2012	_ and assign	ed
Florida document number L12000132482	•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the	designation "LLC	or the abbi	reviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADL	DRESS)			
		É	· 200	
Enter new mailing address, if applicable:		3+: 300	. 4	1 EM.C
(Mailing address MAY BE A POST OFFICE BOX)		(S)	72	Marketines Marketines
		<sup>رت</sup> ا نیا اینا سا	401	f" p
		FLO	i i	1 f f
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		ords, enter the	name of t	he new
registered agent and/or the new registered office ad	iuress here:	7.	0	
Name of New Registered Agent:				
		•		
New Registered Office Address:	Enter Flori	da street addres	S	
		, Florida		
	City		Zip Code	
Non-Doddonal America Classica II about Doddon				

## 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	vpe of Action
MGRM	Khaled Deeb	2041 SW 176 AVE, MIRAMAR, FL 33029	Add
			Remove
MGRM	Michel Triana	3100 55TH TERRACE SW NAPLES FL 34116	Add
			Remove
MGRM	RAWAN SALAMEH	11797 WATERCREST LANE BOCA RATONFL FL 33498	_
		Dispersion of the second of th	Remove
MGR	Michel Triana	3100 55TH TERRACE SW NAPLES FL 34116	Add Remove
MGRM	Maysem Dib	2041 SW 176 AVE MIRAMAR FL 33029	Add
			<b>▼</b> Remove
			Remove

). If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
November, 20th	
Signatur Khaled Deeb	e of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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