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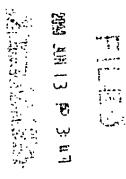
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PICK-UP	☐ WAIT	MAIL
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(Docu	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
		;

Office Use Only



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COVER LETTER

TO: A Registration Section Division of Corporat	ions	••	
SUBJECT:		ed Liability Company	LLC
The enclosed Articles of Amer	dment and fee(s) are subn	nitted for filing.	
Please return all correspondence	e concerning this matter to	o the following:	
_	Rua	AYAM E. M Name of Person	uhammad
_		Firm/Company	
	7026	Balha DR	#B
_	<u>Or</u>	lando, Zl.	32818
	RUQQiu	Cando II. City/State and Zip Code ah I @ Yaho be used for future annual report r	o Cern
For further information concern			ouncation)
^		at (407) 95 Area Code Day	2-9073 time Telephone Number
Enclosed is a check for the fell	\ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	OF	
(Name of the Limited Lia (A Flo	bility Company as it now appear orida Limited Liability Company)	son our records) JUN 13 D 3: 47
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on	
This amendment is submitted to amend the following	; :	
A. If amending name, enter the new name of the l		
The new name must be distinguishable and contain the words."	Limited Liability Company," the de	rsignation "L1.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, enter the name of the new
×		
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>) W</u> Ner	Rugaiyah F Mul		🗆 Add
	,	7026 Balboa DR. #B	🗆 Remove
		7026 Balboa Dr. #B Orlando, FL. 32818	⊠ Change
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	ate, if other that date is listed, the date date inserted in the effective date on				or more than 90 of filing requirement	_ (optionar) lays after filing.) Pr ents, this date wi	ursuant to 605 Il not be liste
	specifies a de h day after the			not an effecti	ve time, at 1	2:01 a.m. on	the earli
ated	Lune	<u>(o,</u>	. 201	3			
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-		Signature o	of/a member or at	ithorized represen	tative of a membe	r	

Page 3 of 3

Filing Fee: \$25.00