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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAYYAT

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:

MAZEN MBAYED

Name of Person

Firm/Company

9211 NW 13 PL

Address

CORAL SPRINGS, FL 33071

City/State and Zip Code

MMBAYED@GMAIL.COM

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

For further information concerning this matter, please call:

AHED MCDANIEL

954 591-2871

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

HATTAT LL		
(Name of the Limited Li (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
(
The Articles of Organization for this Limited Liab	oility Company were filed on MARCH 26,2013	and assigned
Florida document number L13000044807		
Florida document number	 ·	_ _ 0
		છ ≲≲
This amendment is submitted to amend the follow	ring:	JUL
		FIL OF C 29
A. If amending name, enter the new name of the	he limited liability company here:	ેંગ [−] ≦ંગ
		그 경우
The new name must be distinguishable and end with t	the words "Limited Liability Company," the designation "LL	C" or the abbreviation
"L.L.C."		27
Enter new principal offices address, if applicab	ole:	7
(Principal office address MUST BE A STREET.	· · · · · · · · · · · · · · · · · · ·	
Trucipai office address MOST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	0X)	
D. If amounting the projectional areast and for		
registered agent and/or the new registered office	registered office address on our records, <u>enter the</u>	e name of the nev
Together and agent and of the new registeres of the	be address riche.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	?SS
	, Florida	
	City , riorida	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 Name** Address **Type of Action MGRM** NADINE MOUBAYED 320 W 111 ST Remove NEW YORK, NY 10026 **ALI HAMOUDAH** 320 W 111 ST MGRM NEW YORK, NY 10026 AHED MCDANIEL 9211 NW 13 PL **MGRM** CORAL SPRINGS, FL

Remove

- ·	ter change(s) here: (Attach additional sheets, if necessary.)
JULY 26	2013
	m
	f a member or authorized representative of a member
MAZEN MBAYED	
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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