## #13000090856

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K.SALY EXAMINER SEP 18 2014



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EDWARD C. DAWDA\*
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September 10, 2014

OF COUNSEL SIENEY W. SMITH, JR. PAUL A. BRINGER TED M. GANS LEON M. SCHURGIN

ALSO MEMBER OF ILLINOIS BAR
ALSO MEMBER OF OHIO BAR
ALSO MEMBER OF WASHINGTON DC BAR
ALSO MEMBER OF FLORIDA BAR
ALSO MEMBER OF FLORIDA BAR

ANDREA J. HOFFMAN
(DIRECT DIAL) 248.642,6987

VIA OVERNIGHT MAIL

State of Florida Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re:

Wazni, PLLC

Articles of Amendment Our File No. 7318-0000

Dear Sir or Madam:

Enclosed for filing please find the Articles of Amendment to Articles of Organization for the matter referenced above. Also enclosed is your form cover letter and our check in the amount of \$25.00 to cover the filing fees. Once filed, please return same to Andrea J. Hoffman in the enclosed self-addressed, stamped envelope.

If you should have any questions, please do not hesitate to contact me. Thank you.

Very truly yours,

DAWDA, MANN, MULCAHY & SADLER, PLC

Andrea J. Hoffman

Paralegal

AJH/

Enclosures

cc: Marc K. Salach (w/o encl. - via email)

## **COVER LETTER**

Division of Corpo			
SUBJECT: Wazni,	PLLC		
CODUCE,		ited Liability Company	<del> </del>
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Andrea J. Hoffman		
		Name of Person	
	Dawda, Mann, Mula	cahy and Sadler	
		Firm/Company	·-·
	39533 Wooodward	Ave, Ste. 200	
		Address	<del> </del>
	Bloomfield Hills,	, MI 48304	
		City/State and Zip Code	<del></del>
• ;	N/A	to be used for future annual report notifica	·· · · ·
		·	ition)
For further information con	cerning this matter, please ca	ali:	
Andrea J. Hoffman		at ( 248 ) 642-6987	
Name of P	erson	Area Code Daytime To	elephone 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

FILED 2014 SEP 11 PM 1:51 FALLAHASSEE, FLORIDA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	WAZNI			
(Name of the Limited	Linbility Compar	ny яз It пом аппелея о isbility Company)	n our records,)	
(//	Time canales to	amounty company)		
The Articles of Organization for this Limited Liab	ility Company	were filed on	June 25, 2013	and assigned
Florida document numberL13000090856	*			
This amendment is submitted to amend the follow	ring:			
A TS Also SALE ALSO SALE ALSO SALE ALSO	La Basicad Babi	Dite compone boro		
A. If amending name, enter the new name of the	re itiilitea tinoi	иту сопрацу пете	•	
The new name must be distinguishable and end with the wo	ada 41 lariend Linki	ilin Company " the dea	ionarion "I I C" or the a	hhrmistion "I. I. C."
The new name must be distinguishable and end with the wo	itas "Filmitea Itisai	inty Company, the des	agnation LLC of the a	DOTEVIERON D.C.C.
Enter new principal offices address, if applicab	le:	3657 Madaca Lane	·	<del></del>
(Principal office address MUST BE A STREET	ADDRESS)	Tampa, Florida 33618		
Enter new mailing address, if applicable:		3657 Madaca Lane		
(Mailing address MAY BE A POST OFFICE BOX)		Tampa, Florida 33618		
	<del></del>			
B. If amending the registered agent and/or	registered of	fice address on o	ur records, <u>enter</u>	the name of the new
registered agent and/or the new registered offic	<u>ce address here</u>	<u>e</u> :		
	Gamal Warni J	M D		
Name of New Registered Agent:	Gamal Wazni, !	WI.D.		
New Registered Office Address:				
		Enter Florida street address		
	Tampa		, Florida <sup>33</sup>	518
		City		Zip Code
New Registered Agent's Signature, if changing Reg	eistered Agent:			
I hereby accept the appointment as registered a	agent and agre	ee to act in this cap	pacity. I further ago aduties, and I am f	ree to comply with the amiliar with and

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

t <u>le</u>	<u>Name</u>	Address	Type of Action
		- <del></del>	Remove
			□ Remove
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If amending any other information	on, enter change(s) here: (Astach	additional sheets, if necessary.)
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iffective date, if other than the di he effective date must be specific, cannot the date this document is filed by the Flori	ate of filing: be prior to date of receipt or filed date and da Department of State)	(optional)
September . 8	2014	
1/4 m	Ignature of a gember or authorized repre-	ientalive of a member
	Gamai Wazni, M.D., Ma	
	Trend or control name of	<u> </u>

Page 3 of 3

Filing Fee: \$25.00