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SECRETARY SESTATE.

AUG 1 9 2013 J. BRYAN

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	ECT:	EHL-F Name of Limite	L LLC ed Liability Company	·
The en	closed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	ف
		Heno	ELSAYED ABBI	AS ALTERSON PRINTS
			Firm/Company	men z C
		11144	LEDGEMENT LA	WE S
		WIND	ERMERE FL 3 City/State and Zip Code	4786
		E-mail address: (to	SAM59@ GMA:/. b be used for future annual report notification	(o/M
For fu	ther information c	oncerning this matter, please ca	all:	
	HĒN Name o	f Person	at (407) 453 - Area Code & Daytime To	clephone Number
Enclos	ed is a check for th	ne following amount:		
X \$2	5.00 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

	L-FL, LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our recor Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Li	ability Company were filed on August 6	, 24/3 and assigned
Florida document number <u><13 00011</u>		
This amendment is submitted to amend the follows. A. If amending name, enter the new name of	owing:	FILED SECRETASSEE TAELANSSEE
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Company," the design	nation "LLE" of the abbreviation
Enter new principal offices address, if application	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A		
	or registered office address on our records,	enter the name of the nev
Name of New Registered Agent:	ESSAMELDIN ALI	
New Registered Office Address:	Enter Florida st	reet address
	in 44 Ledement lane Enter Florida st Literature , Florida	orida <u>34776</u> 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 Type of Action <u>Address</u> <u>Title</u> <u>Name</u> MGR Essameldin ALi 1/144 Ledgement LANE Add
Windemene, FL 34786 Remove Remove Remove Remove Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dat	ed August 13, 2013.
	HEND ELSAYED ABBAS ALI
	Signature of a member or authorized representative of a member
	henlah.
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

FILED
2013 AUG 16 PM 1: 45
SECRETARY OF STATE