#13000/26703

Office Use Only



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13 SEP 16 PM 1: 33
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K.SALY EXAMINER SEP 18 2013

COVER LETTER

TO: **Registration Section Division of Corporations** SUBJECT: NISREN ALSAIED SULTMAN LLC me 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: Firm'Company 1712 BORDEAUX CT PORT ORANGE FL 32128

City: State and Zip Code

SSSUL D AOL. Com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SAUD SULEIMAN

Name of Person

Name of Person

Area Code & Davime Telephone Number Enclosed is a check for the following amount: □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee. FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

13 SEP 16 PM 1: 33 **OF** NISREN ALSAIED SULIMA

(A Flor	ida Limited Liability Company)	DA CARDA
The Articles of Organization for this Limited Liabili	ty Company were filed on <u>9</u> / 703	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words 'Limited Liability Company,'	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	·	
(Principal office address MUST BE A STREET AI	DDDECC)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	า	
B. If amending the registered agent and/or re registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Emer	Florida 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 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 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	Type of Action
MGRM	SAUD SULEIMAN	1712BORDEAUX CT	Add
		Port ORange FL 32128	Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add

-	
	
9/9/	/3
	Signature of a member or authorized representative of a member
·	

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Filing Fee: \$25.00