## L13000178277

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(D)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

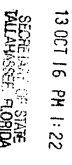
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J. Sithers OCT 1 6 2013

## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

DECISIVE EXPLORER LLC

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:

AZWAN ABDULLAH AL-HADI
Name of Person

DECISIVE EXPLORER LLC
Firm/Company

4000 ST JOHNS AVENUE SUITE 39
Address

TACK SONVILLE FL 32205

City/State and Zip Code

azwan @ decisive - explorer. Com

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

For further information concerning this matter, please call:

BRANDON STANKO
Name of Person

at (904) 381 8768

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 Fe 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

## DECISIVE EXPLORER LLC

( <u>Name of the Limited Lia</u> (A Flo	orida Limited Liability Company)	s on our records.)				
The Articles of Organization for this Limited Liability Company were filed on OCTOBER 12013 and assigned Florida document number L 13000138277.						
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liability company her	<u>e</u> :				
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable	e:					
(Principal office address MUST BE A STREET A	(DDRESS)	<u> </u>				
		AND CI				
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BO	<u></u>	SIH ::				
		<b>P</b> 22				
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the new				
Name of New Registered Agent:	-					
New Registered Office Address:	F	ter Florida street address				
	En.	er rioriaa sireei aaaress				
-	City	, Florida				
	cny	Zip Coue				

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
ESIDENT	RAJA NOR AINON	4000 SAINT JOHNS AVENUE	Add
	BINTI RAJA AL-EKRAM	SU ITE 39	Remove
		JACKSONVILLE FL 32205	
MGR	CHIP BUNCE	4000 SAINT JOHNS AVENUE	Add
		SUITE 39	Remove
		JACKSONVILLE FL 32203	<u>.</u>
			Add
			Remove
.:			_
			Remove
		·	
		<u> </u>	Add Add
			Remove
			_
			Add

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
	PLEASE ADD OWNERSHIP ALLOCATIONS AS FOLLOWS:			
	· RAJA NOR AINON BINTI RAJA AL-EKRAM: 60%			
	· AZWAN ABDULLAM AL-HADI: 40%			
Dated _	OCTUBER 16,2013			
	Signature of a member or authorized representative of a member			
	AZWAN ABDULLAM AL-HADI Typed or printed name of signee			
	Page 3 of 3			
	Filing Fee: \$25.00			

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