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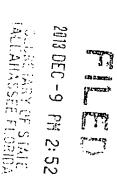
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Mohamed Shaalan, PLLC

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:

Ann Bittinger

Name of Person

The Bittinger Law Firm

Firm/Company

13500 Sutton Park Drive, Suite 201

Address

Jacksonville, Florida 32224

City/State and Zip Code

ann@bittingerlaw.com

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

For further information concerning this matter, please call:

Ann Bittinger

Name of Person

,,904**,821-9000**

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

| Mohamed Shaalan, PLLC | | |
|---|--|---------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) | |
| | | _ |
| The Articles of Organization for this Limited Liability Company | were filed on November 25, 201 | 3 and assigned |
| Florida document number L13000165097 | | |
| | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | nility company here: | |
| | | |
| The new name must be distinguishable and end with the words "Limi"L.L.C." | ited Liability Company," the designation | "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | office address MUST BE A STREET ADDRESS) 8075 Gate Parkway West, Suite # 304 | uite # 304 |
| | Jacksonville, Florida 32216 | 28 ZB |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | 8075 Gate Parkway West, S | uite # 304 |
| | Jacksonville, Florida 32216 | 7.5 P |
| | | 02. 5 |
| B. If amending the registered agent and/or registered of | ffice address on our records, <u>enter</u> | the name of the nev |
| registered agent and/or the new registered office address her | <u>'e</u> : | |
| Name of New Registered Agent: | | |
| Name of New Registered Agent. | | |
| New Registered Office Address: | Enter Florida street a | |
| | Enter Florida street d | aaress |
| | , Florida _ | 7: 0.1 |
| | City | Zip Code |

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.

New Registered Agent's Signature, if changing 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 = Ma MGRM = N | nager Managing Member | | |
|----------------------|--------------------------|---------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add |
| | | | Remove |
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| Remove 3669 Cricket Cove Road Real, Jacksonville, Floride 32 | 224 as the address of the Managing Member, Michamed Shasten and replace it with 8075 Gate Parkway West, Suste 9 304, Jacksonville, Flonds |
|--|---|
| | |
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| | |
| | |
| December 4 | 2013 |
| | |
| | |
| | ature of a member or authorized representative of a member |
| Ann Bittinger | • |

Page 3 of 3

Filing Fee: \$25.00

