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B. BOSTICK
FEB 18 2014
EXAMINER

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SURJECT

# Mobarak Enterprises 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:

## Yusef Mobarak

Name of Person

## Mobarak Enterprises

Firm/Company

# 3507 Kyoto Gardens Drive Suite 320

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

### yusef.mobarak@gmail.com

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

For further information concerning this matter, please call:

## Yusef Mobarak

.\_\_\_\_

772, 360-2753

Name of Person

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 Fce.
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

Mobarak Enterprises LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company werk Florida document number <u>L14000025004</u> .	e filed on February 12, 2014	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
-		
The new name must be distinguishable and end with the words "Limited Liability of	Company," the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		F-3
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
<del>-</del>	::	
		· · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		الله الما الما الما الما الما الما الما
(Mailing address MAY BE A POST OFFICE BOX)		erarra -
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	\$45°	ं। ज
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the	e name of the ne
Name of New Registered Agent:		<del> </del>
New Registered Office Address:		
<del></del>	Enter Florida street address	
	, Florida	
	Citv	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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u> Name **Address Type of Action** 3507 Kyoto Gardens Drive Suite 320 ☐ Add Nataly M Mobarak MGR Palm Beach Gardens, FL 33410 Remove Yusef K Mobarak 3507 Kyoto Gardens Drive Suite 320 MGR Palm Beach Gardens, FL 33410 Yusef K Mobarak 3507 Kyoto Gardens Drive suite 320 MGRM Palm Beach Gardens, FL 33410 ☐ Remove □ Remove

3. It amending any other information, ento	er change(s) here: (Attach additional sheets, if necessary.)
·	
E. Effective date, if other than the date of f (The effective date must be specific, cannot be prior the date this document is filed by the Florida Depart	filing:(optional) to date of receipt or filed date and cannot be more than 90 days after rtment of State)
Dated Feburary 14	2014
Signature	of a member or authorized representative of a member
Yusef K. Mobarak	The state of the s
	Typed or printed name of signee

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Filing Fee: \$25.00