L 14000032564

(Red	questor's Name)	
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2016 MAR 25 AM IO: 52 SUCKETARY OF STATE TALLAMASSEE, FLORID

K.SALY EXMANNER MAR 28





March 8, 2016

RAYAN AL-HEBSHI 3R SONS LLC 1829 SW 8TH COURT CAPE CORAL, FL 33991

SUBJECT: 3R SONS LLC Ref. Number: L14000032564

We have received your document for 3R SONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed is the missing page for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 816A00004728

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	3R Son	S LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	RAYAA	J AL-HERS Name of Person	11-
	3R	SONS LL Firm/Company	
	1829	SW 8th Cou	rt_
	Cape	City/State and Zip Code	1995
· .		o be used for future annual report notifica	tion)
For further information of	oncerning this matter, please ca	11:	
Rayan	AL-Hebshi Person	at (239) 628 - Area Code Daytime To	8110 elephone Number
-			
Enclosed is a check for the	e 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 ARTICLES OF ORGANIZATION

	10	7**•
ARTICLES OF	ORGANIZATION	PH B
	OF	2016 HAR 25 AM 10: 52
7		114R 25
5/2 SON	, - - \ .	12/1/15/11. 4H 10:52
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our rec ed Liability Company)	ords.)
•	- 10	C. L. CORIO
The Articles of Organization for this Limited Liability Compa	iny were filed on \bigcirc	and assigned
Florida document number <u>L14000032564</u> .		•
This amendment is submitted to amend the following:		
_		
A. If amending name, enter the new name of the limited li	aduity company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Community Walls designed on 191	I C" and he althoughtion "I I C "
The new name must be distinguishable and contain the words. Limited Li	ability Company, the designation 1	SEC of the appreviation (L.E.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
`		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered		ords, enter the name of the ne
registered agent and/or the new registered office address b	<u>iere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	MGR = Man AMBR = Aut	nager horized Member		
	<u>Title</u>	Name	Address	Type of Action
	MGR	RAYAN AL-HEBSHI	1829 SW 8 Court	BAdd
			Copa Corol Fl 33°	<u>}</u> □ Remove
				Change
\sim	GR	RAMEZ AL-HEBSH	11 1829 SW 8 Court	DAdd
			Cape Cord, Fl 339	¶ □ Remove
				Change
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(If an effective da Note: If the d	e, if other than the date is listed, the date must be ate inserted in this block fective date on the Department.	e specific and cannot b k does not meet the	applicable statutory filing	ore than 90 days after	ional) er filing.) Pursuant to 605.02 is date will not be listed a
	pecifies a delayed of day after the recor		ut not an effective t	ime, at 12:01	a.m. on the earlier
Dated	eb27,	20	16.		
		34-1-10	r authorized representative	of o mambar	<u></u>

Page 3 of 3

Filing Fee: \$25.00