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COVER LETTER

TO: Registration Se Division of Cor	ection ' porations			
SUBJECT:	ALWAHA (GROUP	LLC	
<u></u>	Name of Limite	ed Liability Company		
	Amendment and fee(s) are subm			
Please return all correspo	ondence concerning this matter to	o the following:	,	
	AD	EL ELB	AEE	
•		Name of Person		
	AL	Firm/Company	Roup	LLC
		Firm/Company		
	2787	E OAKLA	ND PAR	K BLUD
	2787 E OAKLAND PARK BLVD Address			
	FTL	AUSTRBAL	E FL	33306
City/State and Zip Code ALBI 2012 (a) YAHOO. CO M E-mail address: (to be used for future annual report notification)				
	E-mail address: (to	be used for future annual	report notification	•
For further information e	concerning this matter, please cal	H:		
ADEL	FLRAEE of Person	at (407)	433	3577
Name o	of Person	Area Code	Daytime Telep	phone Number
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		□ \$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

	roup	LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on o ability Company)	our records.)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L14000037</u> 908		06/2014 and assigned	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil QUCK AUTO T The new name must be distinguishable and contain the words "Limited Liability".	RANSIT	LLC	,,
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3272 ORLAN	RODRICK C	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3772 ORLAN	RODRICK C	94 18
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here. Name of New Registered Agent:		records, enter the name of	tne new
New Registered Office Address:	Enter Florida st	root address	
	Enter Florida si		
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my a provided for in Chap	duties, and I am familiar with a ter 605, F.S. Or, if this docume	nd
		IS SE	
If Chan	ging Registered Agent, §	Signature of New Registered Agent	_
Page 1	of 3		

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
AMBR	DANI	MARGJOKAJ	OPLANDO FL 32806	∑ t ∕ Add
			3510 EDLAND PR 081ANDO FL 32806 FAdd Remove Change Add Remove Add Remove Change Change Add Remove Change Add Remove Change Add Add Remove Change Change Add Add Remove Change Change Add Add Remove Change Add Add	Remove
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			frame of man	- Remove
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		Page 2	of3	2: 28

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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in effec ote: 11 ocumer reco	e date, if other than the date of filing: (optional) (itive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records. (and specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.	d as
ited _	SEPTEMBER 17th 2015. Add Elbree	
	Signature of a member or authorized representative of a member ADEL ELBAFE	-
	Typed or printed name of signee	ransasi Parama Parama
	Sign III	i K
	Page 3 of 3	