

214000041189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

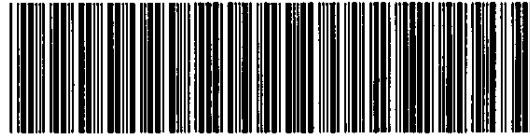
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/19/14--01006--023 **30.00

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2014 APR - 7 PM 12:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 09 2015
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2014

REFAAT HAFEZ
9611 LAKE DOUGLAS PL
ORLANDO, FL 32817

SUBJECT: LOYALTY INVESTMENT GROUP LLC
Ref. Number: L14000041189

We have received your document for LOYALTY INVESTMENT GROUP LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

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

Deborah Bruce
Regulatory Specialist II

Letter Number: 314A00006457

2014 APR -7 PM 12:00
FILED
RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Loyalty Investment Group LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/12/2014 and assigned
Florida document number L14000041189.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Florida Loyalty Investment Group LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2200 Forsyth Road Suite G-15

(Principal office address MUST BE A STREET ADDRESS)

Orlando, Fl. 32807

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	ABDELSAMAD, MOHAMAD	10 MOHAMED DARWISH ALDIEB ST.	<input checked="" type="checkbox"/> Add
		ROUSHEDY, ALEXANDRIA EGYPT	<input type="checkbox"/> Remove
MBR	ABDELSAMAD, AHMED	10 MOHAMED DARWISH ALDIEB ST.	<input checked="" type="checkbox"/> Add
		ROUSHDY, ALEXANDRIA EGYPT	<input type="checkbox"/> Remove
MGR	RAMOS, JORGE	6147 SUNYVALE DRIVE	<input type="checkbox"/> Add
		ORLANDO, FL. 32822	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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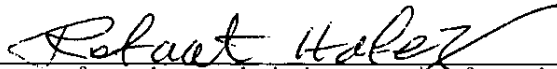
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TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 17th, 2014



Signature of a member or authorized representative of a member

Refaat Hafez

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE FLORIDA