## 1400075233

| (Re                     | questor's Name)   |                 |
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| (Cit                    | y/State/Zip/Phone | <del>=</del> #) |
| PICK-UP                 | MAIT              | MAIL            |
| (Bu                     | siness Entity Nan | ne)             |
| (Do                     | cument Number)    |                 |
| Certified Copies        | _ Certificates    | of Status       |
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JUL 0 8 2014 S. YOUNG

TO: Registration Section **Division of Corporations** 

Gomrasni MS 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:

Jad S. Fourti

Name of Person

Gomrasni MS LLC

Firm/Company

27209 Breakers Drive

Address

Wesley Chapel, FL 33544

City/State and Zip Code

monsieur 40@hotmail.com

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

For further information concerning this matter, please call:

Jad S Fourti

 $\text{at} \underbrace{(214)}_{\text{Area Code}} \underbrace{516\text{-}9870}_{\text{Daytime Telephone Number}}$ 

Name of Person

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

| Gomrasni MS LLC   |   |                          |
|---|---|--------------------------|
| (Name of the Limited Liability Com  | pany as it now appears on our records.)   |                          |
| The Articles of Organization for this Limited Liability Compar Florida document number <u>L14000075233</u> .  This amendment is submitted to amend the following: | ny were filed on 05/08/2014   | and assigned             |
| A. If amending name, enter the new name of the limited lia  | (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  of Organization for this Limited Liability Company were filed on 05/08/2014 |                          |
| The new name must be distinguishable and end with the words "Limited Li   | iability Company," the designation "LLC" or t   | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | 27209 Breakers Drive  | TAI SE                   |
| (Principal office address MUST BE A STREET ADDRESS)   | Wesley Chapel, FL 33544   |                          |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)   |   |                          |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he  | office address on our records, <u>ent</u><br>ere:   | er the name of the 1     |
| Name of New Registered Agent:   |   |                          |
| New Registered Office Address:  | Enter Florida street address  |                          |
| <del> </del>  |   |                          |
|   | 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 a 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</u>, <u>name</u>, <u>and address of each Manager Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Title <u>Name</u> **Address Type of Action** Lachiheb, Ghomrassni 27209 Break Drive **MGR** ☐ Add Wesley Chapel, FL 33544 Remove 27209 Breakers Drive MGR Mohamed L Ghomrasni Wesley Chapel, FL 33544 \_\_ Remove \_ Add □ Remove ☐ Add \_□<u>;</u>Add □ Remove □ Add □ Remove

| . If amei  | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
|------------|---|
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| _          |   |
| _          |   |
|            |   |
|            |   |
|            |   |
| _          |   |
| (The effec | ve date, if other than the date of filing: (optional)  trive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State) |
|            | 06/30/2014  |
|            |   |
|            | Signature of a member or authorized representative of a member  |
|            | Jad S. Fourti   |
|            | Typed or printed name of signee   |

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Filing Fee: \$25.00

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