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### **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: Elshab rawy UC 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:
Saleh M Elshabrawy Name of Person
Elshabrawy UC Firm/Company
7702 two cany woods Dr. Atomy
tampa FL 33647 City/State and Zip Code
Saleh Shabraw 1 @ hot mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Saleh Elshabrawy at (714) 580 3434  Name of Person at (714) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \( \text{Certificate of Status} \) \( \text{Certified Copy} \) \( \text{(additional copy is enclosed)} \) \( \text{Certified Copy} \) \( \text{(additional copy is enclosed)} \)

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

	ted Liability Coppa (A Florida Limited I	ny as it now appears of Liability Company)	on our records.)		_	
The Articles of Organization for this Limited L	•	were filed on	5/19/20	14 and	assigne	ed
This amendment is submitted to amend the foll	lowing:					
A. If amending name, enter the new name o	of the limited liab	ility company here	:			
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the des	signation "LLC" or the	abbreviatio	n "L.L.C	<u></u>
Enter new principal offices address, if applic	cable:					
Principal office address MUST BE A STREE	ET ADDRESS)		•	•		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			ALARASSES	14 HAY 27 /	COLUMN TERMS  COLUMN TERMS  FOR THE
B. If amending the registered agent and registered agent and/or the new registered o	or registered of		our records, <u>ente</u>	r the nan	்ற ஹ ne of i	the new
Name of New Registered Agent:  New Registered Office Address:	Saleh 7702	M Elsh tuscany	abrawy woods D	) <sub>r</sub>		
		Enter Horida Ompa Cily	a street address , Florida	Elip Co	336 de	£4,
New Registered Agent's Signature, if changing	Registered Agent:					
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	oer and complete istered agent as p registered office	performance of m provided for in Ch	y duties, and I am apter 605, F.S. Or	familiar r, if this d	with a	nd

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

El Shaibrawy LLC is hereby granted
authority to invest and trade stocks,
options and futures on margin in the financial markets.
financial markets.
E. Effective date, if other than the date of filing:
Dated 5/21/2014.
Signature of a member or authorized representative of a member
Saleh M Elshabrawy
Typed or printed name of sign∉e

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

Page 3 of 3

Filing Fee: \$25.00

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