L14000115877

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COVER LETTER

TO: Registration Section
Division of Corporations

..... ATTA-ALLAH INVESTMENT 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:

AHMED LABABIDI

Name of Person

ATTA-ALLAH INVESTMENT LLC

Firm/Company

615 E COLONIAL DR

Address

ORLANDO, FL 32803

City/State and Zip Code

musallams@aol.com

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

For further information concerning this matter, please call:

AHMED LABABIDI

<u>,</u>407<u>,</u>346-1650

Name of Person

Area Code

Daytime Telephone Number

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

ATTA-ALLAH INVESTMENT 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 07/23/2014 Florida document number L14000115877 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ATTALLAH INVESTMENT LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 615 E COLONIAL DR Enter new principal offices address, if applicable: ORLANDO, FL 32803 (Principal office address MUST BE A STREET ADDRESS) 615 E COLONIAL DR Enter new mailing address, if applicable: ORLANDO, FL 32803 (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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			Remove
,			
			□ Remove
			FECRE JARY OF STATE Add Remove
			Add
			□ Remove

it amending any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department of the date this document is filed by the Florida Department of the date this document is filed by the Florida Department of the date this document is filed by the Florida Department of the date this document is filed by the Florida Department of the date this document is filed by the Florida Department of the date this document is filed by the Florida Department of the date this document is filed by the Florida Department of the date this document is filed by the Florida Department of the date this document is filed by the Florida Department of the date this document is filed by the Florida Department of the date this document is filed by the Florida Department of the date this document is the date of the date the date this document is the date of the date the date this document is the date of the date the date this document is the date of the date the date this document is the date of the date the date date of the date the date date date the date date the date date the date date the dat	(optional) of receipt or filed date and cannot be more than 90 days after of State)
Dated September 22nd	2014
aha d	erelili
Signature of a me AHMED LABABIDI	mber or authorized representative of a member

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SECRETARY OF STATE
TALLAHASSEF FLORIS

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Filing Fee: \$25.00