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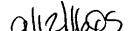


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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corpo						
SUBJECT: SH	Morad LL Name of Limi	_ C ited Liability Company				
The enclosed Articles of Ar	nendment and fee(s) are subt	mitted for filing.				
Please return all correspond	ence concerning this matter	to the following:				
	Sara	Morad Name of Person				
		Firm/Company				
	5315 SW	33 Avenue Address				
	Fort Laudedals	City/State and Zip Code				
•	E-mail address: (t	o be used for future annual report notificati	Om on)]]Y]	16	
For further information con-	cerning this matter, please ca	dl:			SEP	Π
Justin Zeig Name of	Esq.	at (754) 217 - 5 Area Code Daytime Tel	2084 ephone Number	SSELL FLORII ANN OF STAT	-9 PH 4:	
Enclosed is a check for the	following amount:			377	42	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status		

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**

SH Morad LL (Name of the Limited Liabili) (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L 14 000 13 4 7 4 0</u>	Company were filed on $8/27/2014$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	(ESS)
Enter new mailing address, if applicable:	FILE SEP -9
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new tress 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 Registere	d Agent:

<u>N</u>

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

$MGR = \dot{M}$ $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Hai Morad	5315 SW 33 Avenue	Add
		Fort Lauredale, FL 33312	□ Remove
			☐ Change
MGR	Saia Morad	5315 SW 33 Avenue	
		Fort Landerdale, FL 33312	Remove
			Change
AMBR	The Morad Family Revocas	letiust 5315 SW 33 Avenu	<u></u> ■ Add
	54,40 01 9000 0 17 2018	Fost Landerdale, FL 33312	☐ Remove
			Change
			□ Add
			Remove
			Change
			Remove Remove
			Change
			□ Add
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			□ Change

	
	
	
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Filing Fee: \$25.00