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TALLAHASSES FLORIDA

J. Ethyers JAN 08 2015

COVER LETTER

	Registration Sec Division of Corp		•		
CHD IEC		ONCORDIA LLC			
SUBJEC	l;	Name of Lim	ited Liability Company		
The enclo	sed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspon	dence concerning this matter	to the following:		
		EMIL SULIEMAN			
			Name of Person		~
			Firm/Company		_
		2232 GRANTHAM	AVE		_
			Address		-
		DAVENPORT, FL 3	33837		
			City/State and Zip Code		_
		emil@intlprop.com			
		E-mail address: (to be used for future annual rep	oort notification)	
For furthe	r information co	ncerning this matter, please ca	all:		
EMIL S	ULIEMAN		7257 614-	-2494	
	Name of	Person	Area Code	Daytime Telephone Numbe	r
Enclosed	is a check for the	e following amount:			
\$25.0	0 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	ate 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

CASA CONCORDIA LLC					
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appears on our rec Liability Company)	cords.)		
The Articles of Organization for this Limited L Florida document number L14000187919	ability Company	were filed on 12/09/2014	4	and assig	gned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liab	oility company here:			
N/A					
The new name must be distinguishable and end with the	words "Limited Liab	pility Company," the designation	"LLC" or the ab	breviation "L.	L.C."
Enter new principal offices address, if applic	able:	N/A			
(Principal office address MUST BE A STREET ADDRESS)					<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	N/A			
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:			ords, enter t	he name o	f the nev
Name of New Registered Agent.					2 5
New Registered Office Address:		Enter Florida street add	<u>. </u>	\$ \frac{1}{2} \frac{1}{2} \frac{1}{2}	Statement 1
			Florida	PH	
		City	<u> </u>	-Zip Code	i di
New Registered Agent's Signature, if changing I	Registered Agent:	,	<u> </u>	£ 26	

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>	Address	Type of Action
MGRM	MOFID SULEIMAN	2232 GRANTHAM AVE	■ Add
		DAVENPORT, FL 33837	□ Remove
MGR	EMIL SULIEMAN	2232 GRANTHAM AVE	■ Add
		DAVENPORT, FL 33837	☐ Remove
			□ Add
			Remove
			14 REC 24 SECTIONS ALLAHASS
			PH 26 26 Remove
			C Remove
			Add
			Remove

•		
	f filing:	(optional)
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ffective date must be specific, cannot be pri- late this document is filed by the Florida De 12/22	or to date of receipt or filed date and cant partment of State)	not be more than 90 days after
m	or to date of receipt or filed date and cant partment of State)	not be more than 90 days after
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