L14000188214

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Mr. S. E. My

COVER LETTER

TO:		istration Sec ision of Corp		e e e		
SUBJE	CT.	Attia-King A	acquisitions, LLC	٠.		
SCHIL	C1.		Name of Limi	ited Liability Company		
The enc	losed	Articles of A	Amendment and fee(s) are subr	mitted for filing.		
Please r	eturn	all correspon	dence concerning this matter t	to the following:		
			Dahlia Attia			
				Name of Person		
			Attia-King Acquistions, LL	.c		
	•			Firm/Company		•
			3531 S Federal Hwy Apt K			
				Address		
			Boynton Beach, FL 33435		4.4 83	
				City/State and Zip Code	20 16 Z	-manus L
			d.attia85@gmail.com		프	1 1
				to be used for future annual report notifica	SECTIVE CAHASSE	
For furt	her ir	iformation co	ncerning this matter, please ca	all:	E P	-
Dahlia .	Attia			305 519-1566		
		Name of	Person	Area Code Daytime To	elephone Number	
Enclose	d is a	check for the	e following amount:			
\$25	.00 F	iling 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

Attia-King Acquisitions, LLC		- According to the Control of the Co
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000188214	were filed on 12/09/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		THE TIME
Principal office address MUST BE A STREET ADDRESS)		16 25 16 25
Enter new mailing address, if applicable:		FLORE THE
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address her		enter the name of the
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	Zip Code

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Aaron King	3531 S Federal Hwy Apt K	
		Boynton Beach, FL 33435	■ Remove
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Typed or printed name of signee

Filing Fee: \$25.00