## L14000188518

| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | dress)             |             |
| (Cit                    | ry/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| <b>(</b> Bu             | siness Entity Nan  | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
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09/04/15--01010--002 \*\*25.00

2015 SEP -4 PM 4: 52

K.SALY EXAMINER SEP -8 2015

## **COVER LETTER**

| TO:       | Registration Se<br>Division of Cor |  |  |  |
|-----------|------------------------------------|--|--|--|
| SUBJE     |                                    | EAL ESTATE LLC                               |  |  |
| 50032     | C1                                 | Name of Lim                                  | ited Liability Company   |  |
| The enc   | losed Articles of                  | Amendment and fee(s) are sub-                | mitted for filing.   |  |
| Please re | eturn all correspo                 | ndence concerning this matter                | to the following:  |  |
|           |                                    | ALSHAMMARI, MAJEE                            | D  |  |
|           |                                    |  | Name of Person   | <del></del>                            |
|           |                                    | REMAS REAL ESTATE I                          | TE LLC  Firm/Company  URT  Address  City/State and Zip Code  R@AOL.COM ss: (to be used for future annual report notification) e call:  at (407 |  |
|           |                                    |  | Firm/Company   |  |
|           |                                    | 12120 CALLISTA COUR                          | r  |  |
|           |                                    |  | Address  |  |
|           |                                    | ORLANDO, FL 32825                            |  |  |
|           |                                    |  | City/State and Zip Code  |  |
|           |                                    | ORLANDOGMCENTER@                             |  |  |
|           | •                                  | E-mail address: (1                           | to be used for future annual report notifi   | cation)                                |
| For furth | her information c                  | oncerning this matter, please ca             | all:   |  |
| ALSHA     | AMMARI, MAJE                       |  |  |  |
|           | Name o                             | f Person                                     | Area Code Daytime  | Telephone Number                       |
|           |                                    |  |  |  |
| Enclose   | d is a check for th                | ne following amount:                         |  |  |
| \$25.     | .00 Filing Fee                     | □ \$30.00 Filing Fee & Certificate of Status | Certified Copy   | Certificate of Status & Certified Copy |

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

FILED
2015 SEP-4 PM 4:52
FALLAHASSEE. FLORIDA

REMAS REAL ESTATE 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 In Florida document number L14000188518 |   | nd assigned                                |  |
|---|---|--|--|
| Florida document number   | ,   |  |  |
| This amendment is submitted to amend the fol  | lowing:                                     |  |  |
| A. If amending name, enter the new name   | of the limited liability company here       | :  |  |
|   |   |  |  |
| The new name must be distinguishable and contain the                                  | words "Limited Liability Company," the desi | gnation "LLC" or the abbreviation "L.L.C." |  |
| Enter new principal offices address, if appli   | cable:                                      |  |  |
| Principal office address MUST BE A STRE   | ET ADDRESS)                                 | -  |  |
|   |   |  |  |
|   |   |  |  |
| Enter new mailing address, if applicable:   |   |  |  |
| Mailing address MAY BE A POST OFFICE  | <u> </u>                                    |  |  |
|   | <del></del>                                 |  |  |
|   |   |  |  |
| B. If amending the registered agent and registered agent and/or the new registered of |   | ur records, enter the name of the new      |  |
| egistered agent abord the new registered  | since address note.                         |  |  |
| Name of New Registered Agent:   | GM BUSINESS CENTER INC                      |  |  |
| New Registered Office Address:  | 378 CENTER POINTE CIR STE 12                | 72   |  |
|   | Enter Florida street address                |  |  |
|   | ALTAMONTE SPRINGS                           | , Florida <sup>32701</sup>                 |  |
|   | City  | Zip Code                                   |  |

## 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.

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>Address</u> **Type of Action** <u>Title</u> <u>Name</u> MGR AHMAD M ZAIED 12120 CALLISTA COURT \_ ■ Add ORLANDO, FL 32825 ☐ Remove ☐ Change □ Add ☐ Remove \_□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

☐ Change

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|   | be specific and cannot be prior to date of<br>ck does not meet the applicable state | (optional) filing or more than 90 days after filing.) Pursulatory filing requirements, this date will not |                     |
| e record specifies a delayed<br>The 90th day after the reco |   | fective time, at 12:01 a.m. on th   | e earlier of        |
| ated AUG 10   | 2015  |   |                     |
|   | (   | ,   |                     |
| majo  | Signature of a member or authorized rep   | resentative of a member   |                     |

Page 3 of 3

Filing Fee: \$25.00