

LI 5000014650

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(Address)

(Address)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 11 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VERO GROUP 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 abdel hafez mohamed

Name of Person

VERO GROUP LLC

Firm/Company

9828 morris glen way

Address

tampa FL 33637

City/State and Zip Code

ahmed.hafez@hafezsons.com

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

For further information concerning this matter, please call:

Ahmed abdel hafez

813 2032933
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

VERO GROUP 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 January 26, 2015 and assigned Florida document number L15000014850.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

435 manns harbor drive apollo beach fl 33572

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

435 manns harbor drive apollo beach fl 33572

(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:

sharief hammad

New Registered Office Address:

435 manns harbor drive

Enter Florida street address

apollo beach

City

, Florida

33572

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	WALID Mosallam	20428 needletree dr tampa fl 33647	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
AMBR	ASHRAF M. ABDUL RAHII	9828 MORRIS GLEN WAY TAMPA FL 3	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
AMBR	sharief hammad	435 manns harbor drive apollo beach fl 3	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

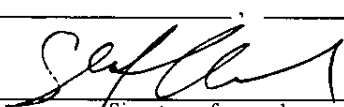

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STATE OF FLORIDA
TALLAHASSEE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____

Signature of a member or authorized representative of a member

Ahmed abdel hafez / sharief hammad

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
15 FEB -3 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA