## L150000058334

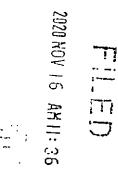
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## **COVER LETTER**

Registration Section

TO:

Division of Co	rporations			
ASHOUR	IMPORT LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MAHER ALMASSRI			
		Name of Person		
	ASHOUR IMPORT LLC			
		Firm/Company		
	6851 W SUNRISE BLVD	STE 103		
		Address		
	PLANTATION, FL 33313	1		
		City/State and Zip Code		
	E-mail address: (	to be used for future annual report no	tification)	
For further information of	oncerning this matter, please c	all:		
MAHER ALMASSRI		954 683-9897		
Name o	d Person	at () Area Code Daytii	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing 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 S Division of C	Section	Street Address: Registration So Division of Co		
P.O. Box 632	27	The Centre of	Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASHOUR IMPORT LLC	·		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	v as it now appears on our records.) ability Company)		
,			
The Articles of Organization for this Limited Liability Company v	vere filed on 04/02/2015	_ and assigned	
Florida document number L15000058334			
Tiorida document munici			
This amendment is submitted to amend the following:	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)  of Organization for this Limited Liability Company were filed on 04/02/2015		
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbre-	viation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		2026	
		on [	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		ω	
		<del>o</del>	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our records, <u>enter the name o</u>	f the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	performance of my duties, and I am fam	iliar with and	

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
MGR	RANIA ABDELFATTAH	1818 N UNIVERSITY DR	□Add
		PLANTATION FL 33322	■Remove
			Change
			□Add
			□Remove
		<u></u>	□Change
			<b>20</b> 20 Add
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Iffective date, if other than the an effective date is listed, the date must Note: If the date inserted in this bloocument's effective date on the De	ock does not meet the	applicable statuto	ing or more than 90 da ry filing requiremen	(optional) ys after filing.) Pu its, this date wil	ursuant to 605.02 Il not be listed	207 as
record specifies a delayed effective d is filed.	date, but not an effec	tive time, at 12:0	l a.m. on the earlier	of: (b) The 90	0th day after th	he
NOVEMBER 10	2020		,			
<b>)</b> ated		<del></del>				
Dated		-111				
Dated	Signature of a member of	r authorized repres	entative of a member			

Filing Fee: \$25.00