Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062

Phone : (323)962-8600 Fax Number : (323) 962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| Email | Address: | |
|-------|----------|--|
| | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GIBRAN KAMALUDIN, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
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Electronic Filing Menu

Corporate Filing Menu

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6/3/2015

COVER LETTER

| TO: | Registration Sec Division of Corp | | | | | | |
|---|--------------------------------------|---|---|--|--|--|--|
| PUD 17 | | KAMALUDIN, LLC | | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | | | |
| The en | closed Articles of | Amendment and fec(s) are sub | mitted for filing. | | | | |
| Please | return all correspon | ndence concerning this matter | to the following: | | | | |
| | | Cheyenne Moseley | | | | | |
| | | | Name of Person | | | | |
| | | Legalzoom.com, Inc. | | | | | |
| | | | Finn/Company | | | | |
| | | 100 W. Broadway Suite | 100 | | | | |
| | | | Address | | | | |
| | | Glendale, CA 91210 | | | | | |
| | | | City/State and Zip Code | | | | |
| | | gkamaludin2903@gmail | | | | | |
| | | E-mail address: (| to be used for future annual report notil | lication) | | | |
| For for | ther information ed | oncerning this matter, please c | all: | | | | |
| Imeld | a Vasquez | | 323 962-8600 es | | | | |
| | Name of | Person | at () Area Code Daytime | e Telephone Number | | | |
| linclos | ed is a check for th | e following amount: | | | | | |
| □ \$2 | 5.00 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 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

| GIBRAN KAMALUDIN, LLC | |
|--|---|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number 115000073544 | were filed on 04/27/2015 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| The new name must be distinguishable and end with the words "Limited Liab | oility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 31845 Parkdale Drive |
| (Principal office address MUST BE A STREET ADDRESS) | Leesburg FL 34748 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 31845 Parkdale Drive Leesburg FL 34748 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florido street address |
| | , Florida City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | • |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change. | ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is |

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If Changing Registered Agent, Signature of New Registered Agent?

MGR = Manager

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:

AMBR = Authorized Member Type of Action <u>Title</u> Address Name **AMBR** GIBRAN KAMALUDIN 31845 Parkdale Drive _Ø ∧dd Leesburg FL 34748 _ □ Remove **AMBR** GIBRAN KAMALUDIN 31845 PARKDALE DRIVE _□ Add LEESBERG, FL 34748 Z Remove _□ Add ____ Remove _D Add ☐ Remove _ E-∧dd □ Remov ကဲ့

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| if s o ead based 1 1 | y other information, enter change(s) here: (Attach additional shoats, if necessar | | |
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| (The effective date must be | r than the date of filing: specific, cannot be prior to date of receipt or filed date on fled by the Florida Department of State) | d carmot be paper than 90 days after | |
| Dated 06/03/2015 | , | | |
| 6.0 | Kall | | |
| | Signature of a member or authorized repr | | |
| | Gibran Kamalu | 111) | |

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