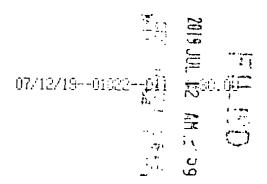
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	ision of Corp			
CHD 107°C.	-	interprises LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	l Articles of /	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Peter Hanna Esq.		
		~ · · · · · · · · · · · · · · · · · · ·	Name of Person	
		Law Offices of Peter N. Ha	าเกล	
			Firm/Company	<u> </u>
		500 SE 12th Street		
			Address	
		Fort Lauderdale, FL 33316		
		hanna@peterhannalaw.com		
		É-mail address: (t	to be used for future annual report notifi	cation)
For further in	aformation co	neerning this matter, please ca	ill:	
Peter Hanna			954 523-3444	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed 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

University Enterprises LLC		
(<u>Name of the Lim</u>	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited I		13/15 and assigned
Florida document number 1.15000079450	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company he	<u>ere</u> :
The new name must be distinguishable and contain the		
The new name must be distinguishable and contain the	words "Limited Liability Company," The d	esignation "LLC" or the abbreviation of LLC.
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE.	ET ADDRESS)	
		in . 3.
Park and a superior of the sup		
Enter new mailing address, if applicable:		.2.
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and		our records, enter the name of the new
registered agent and/or the new registered o	office address here:	
Name of New Registered Agent:	Jihad Abuznaid	
New Registered Office Address:	3422 West Broward Blvd.	
	Enter Flor	ida street address
	Fort Lauderdale	, Florida 33312
	City	Zir 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.

THE ABUZING
FENTANGING 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>	<u>Address</u>	Type of Action
AMBR	Nabil Abuznaid	3422 West Broward Blvd, Ft. Laud., FL 33312	
			■ Remove
			□ Change
XX BIZ	Jihad Abuznaid	3422 West Broward Blvd., Ft. Lauderdale, FL 33312	= Add
		<u> </u>	Remove
			Add
			☐ Change
			🗆 Remove
			Change
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			□ Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	n∕a ————————————————————————————————————			
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Filing Fee: \$25.00