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FILED

15 JUN -4 AM 9: 14

SECRETARY OF STATE
FALLAHASSEF FINALE

JUN - 5 2015 Y. HAMPTORI

COVER LETTER

SUBJECT:	Phone :	Shack.	LLC			
50B3EC1	Na	ne of Limited Liability	y Company			
The enclosed Artic	eles of Amendment and fee(s) are submitted for f	ĭling.			
Please return all co	orrespondence concerning th	s matter to the follo	wing:			
•				1, 1 -		
	<u></u>	Naser	M.	Kaber		
		Name	e of Person			
	Pho	name one SV	nach	LLC		
		Firm	/Company	•		
4368 University bluds						
	•	, A	ddress	_		
	Jac	clasonvi	he if	1 32216		
			and Zip Code	•		
	E-mail	address: (to be used fo	or future annual rep	ort notification)		
For further inform	ation concerning this matter,	please call:				
Λ.				0111 776 2166		
Nase	r Kaber	at (941) 726-3109		
1	Name of Person	4	Area Code	Daytime Telephone Number		
Enclosed is a chec	k for the following amount:					
▼ \$25.00 Filing	Fee \$30.00 Filing F. Certificate of	Status Cert	00 Filing Fee & tified Copy itional copy is enclose	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

Phone Shack	LL.C	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1500008585</u> 4	were filed on $\frac{5/14/20}{1}$	Sand assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		FE E TI
(Principal office address MUST BE A STREET ADDRESS)		PAR Z
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	·	BY OF STATE ASSEE. FLORIDA
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		r the name of the new
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 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>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ahmad Ababs	7689 Las Palmas Way Seh Jacksonville, FL 32256 Remove Altmod completely from this LLC.	
		Remove Altmod completely from	<u> </u>
			Change
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. 11 ame	ending any other information, enter change(s) here: (Attach additional sheets, if	necessary.j	
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Note: docum	ive date, if other than the date of filing: lective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days. If the date inserted in this block does not meet the applicable statutory filing requirements ent's effective date on the Department of State's records. Cord specifies a delayed effective date, but not an effective time, at 12:190th day after the record is filed.	s, this date will not be listed	as th
Dated	T		
	Signature of a member or authorized representative of a member	AE 5	
	•	JUN CRET LAHA	T
	Naser Mkaber Typed or printed name of signee	ANY -	2007
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	Page 3 of 3		J

Filing Fee: \$25.00