## L15000133116

(Req	uestor's Name)	
(Addı	ress)	
(Add	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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/Duei	inaca Cutity No.	
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(Doc	ument Number)	1
Certified Copies	Certificates	s of Status
Special Instructions to F	ilina Officer:	
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Office Use Only



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December 28, 2016

AHMAD SHAWISH 8086 W MCNAB RD N LAUDERDALE, FL 33068

SUBJECT: PETRA CONNECT LLC

Ref. Number: L15000133116

We have received your document for PETRA CONNECT LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 316A00027536

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	Petra Conne	ect LLC		
3000		Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Ahmad Abu Shawish		
			Name of Person	
			Firm/Company	
		8086 West McNab Road		
			Address	<del></del>
		North Lauderdale, FL 3306	58	
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	lification)
For fur	rther information co	oncerning this matter, please ca	all:	
Ahmad	d Abu Shawish		561 577-4923 at ( )	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

Petra Connect LLC					
(Name of the Limi	ted Liability Compar (A Florida Limited L	ny as it now appears on our re liability Company)	ecords.)		)
The Articles of Organization for this Limited I. Florida document number L15000133116	iability Company	were filed on 08/04/2015		_ and as	signed
This amendment is submitted to amend the following	owing:				1
A. If amending name, enter the new name of	f the limited liabi	lity company here:			
The new name must be distinguishable and contain the v	words "Limited Liabili	ty Company," the designation	"LLC" or the abbre	viation "L	.Ľ.C."
Enter new principal offices address, if applic	able:	8086 West McNab Road			! 
(Principal office address MUST BE A STREET ADDRESS		North Lauderdale, FL 3300	68	9 3	<u> </u>
	<del>-</del>		<u>≩</u> ∂	\$	
Enter new mailing address, if applicable:		8086 West McNab Road	ASSEE		Cities a
(Mailing address MAY BE A POST OFFICE BOX)		North Lauderdale, FL 3300			
B. If amending the registered agent and/ registered agent and/or the new registered of			ords, enter the	oname	of the nev
registered agent and/or the new registered of	nice address nere	•			
Name of New Registered Agent:	Ahmad Abu Sha	wish			<del> </del>
New Registered Office Address:	8086 West McN	ab Road  Enter Florida street ga	1.1	<del>;</del> -	 
	North Lauderdal		, Florida <u>33068</u>		
		City		Zip Code	<del></del> -
Mana Dantakan di kanadi di ara					

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>	Name	Address	Type of Action
MGR	Walid Abu Shawish		
		7546 Ridgefield Ln. Lake Worth	<b>≅</b> Remove
			☐ Change
MGR	Raed Abu Shawish		
<del>~</del> ·		7546 Ridgefield Lr., Lake Worth	<b>⊟</b> Remove
			Change
AMBR	Ahmad Abu Shawish	8086 W McNab Rd, N Laderdale	<b>⊠</b> Add
			□ Remove
			Change
<del></del>	·		
			Remove
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		—————————————————————————————————————	Dip (Support)
		ကြောက် ကြောက်	
		AIL AIL	6
Effective date, if other than the date (If an effective date is listed, the date must be sp. Note: If the date inserted in this block dedocument's effective date on the Department.	pecific and cannot be prior to da oes not meet the applicable	(optional) te of filing or more than 90 days after filing.) Pu statutory filing requirements, this date will	rsuant to 605.0207 () not be listed as the
the record specifies a delayed effe ) The 90th day after the record i		effective time, at 12:01 a.m. on	the earlier of:
Dated	2016		, Ja.
all .	·	AD A	<b>LUMM</b>
Signa	ature of a member or authorized	representative of a member	<u>/ U V</u>
		Ahmad Abu Shawish	

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Filing Fee: \$25.00