L15000 159505

(Re	equestor's Name)	
(Ac	ldress)	-
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	- WAIT	MAIL
(Ви	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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JAN 1 A 2016 J. HARRIS

COVER LETTER

TO: Registration So Division of Con			
	DESIGN PRO LLC.		
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MOHAMMED BASHASH	I	
	Webselv III III III III	Name of Person	
	MODERN DESIGN PRO I	LLC.	
		Firm/Company	
	P O BOX 7675 - 33673		
		Address	
	TAMPA FL 33673		
		City/State and Zip Code	
	MOEBASH71@YAHOO.C		
		o be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	ıll:	
MOHAMMED BASHA	SH	813 420 6161	
Name o	of Person	Area Code Daytime	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 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



December 31, 2015

MOHAMMED BASHASH PO BOX 7675 TAMPA, FL 33673

SUBJECT: MODERN DESIGN PRO LLC

Ref. Number: L15000159505

We have received your document for MODERN DESIGN PRO LLC and your check(s) totaling \$25.00. 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.

The designation of the registered agent must be at a Florida street address.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 815A00027260

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MODERN DESIGN PRO LLC.						
(Name of the Limi	ted Liability Company (A Florida Limited Lia	y as it now appears on our recability Company)	ords.)			
The Articles of Organization for this Limited L Florida document number L15000159505	Liability Company w	vere filed on 9/18/2015		and	l assig	ned
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liabili	ity company here:				
The new name must be distinguishable and contain the	1 47 2 2 57 5 57.	C	I (2" 4	11		<u> </u>
, and the second		y Company, the designation "E	LC or the a	ibbreviatio	n "L.L.	C.
Enter new principal offices address, if appli	cable:			3- (^	22	
<u>(Principal office address MUST BE A STRE)</u>	ET ADDRESS)				<u>중</u>	Chet es
						COSP-162
				SONT.	1	
Enter new mailing address, if applicable:				<u> </u>	.0	
(Mailing address MAY BE A POST OFFICE BOX)			77.0		<u>i</u> -	
				:::: :::::::::::::::::::::::::::::::::	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of			rds, <u>ente</u>	r the na	me oi	f the new
Name of New Registered Agent:	MOHAMMED B		- · ·			
New Registered Office Address:	P.O.BOX 7675	6925 Orie Enter Florida street add		1330	1	
	TAMPA		ress Florida ^{-E}	1 00 000) ا م	>
		City	- 1011444	Zin C	ode.	

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>	<u>Address</u>	Type of Action
MGR	ALAA BASHASH	6925 ORIENT ROAD	
		TAMPA FL 33610	■ Remove
			Change
			
			☐ Remove
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	data if other than the data of filing.
Effective	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00
Note: If	e date, if other than the date of filing:
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste
Note: If document he reco	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records. In this date will not be listed to see the date of the Department of State's records. In this date will not be listed to see the Department of State's records.
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Filing Fee: \$25.00