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J. HARRIS

COVER LETTER

	egistration Secti ivision of Corpo				
CUD IECT		IACK HAKIM HOLDINGS I	LLC		
SUBJECT		Name of Limit	ed Liability Company		
The enclos	sed Articles of An	nendment and fee(s) are subm	nitted for filing.		
Please retu	ırn all correspond	ence concerning this matter to	o the following:		
		MR. STEVEN W PICKERI	NG		
			Name of Person		
		CONTROL SERVICES, IN	IC.		
			Firm/Company		
		P O BOX 6050			
			Address		
		MONROE, LA 71211			
			City/State and Zip Code		
		stevep@nuby.com			
		E-mail address: (to	be used for future annual re	port notification)	
For further	information con	cerning this matter, please cal	l:		
STEVEN	W PICKERING		318 338-: at ()	3096	
	Name of Po	erson	Area Code	Daytime Teleph	one Number
Enclosed i	s a check for the	following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

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

ABRAHAM JACK HAKIM HOLDINGS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JANUARY 25, 2016 and assigned Florida document number L16000017000 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ABRAHAM JACK HAKIM INVESTMENTS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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
			□ Add
			□ Remove
			Change
			Add
			□ Remove
		•••	□ Change
			□ Add
			□ Remove
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			☐ Change
			Add A
			Remove
			Remove Change
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			☐ Remove
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. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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Note: docum	ve date, if other than the date of filing:	ll not be liste	ed as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the earlie	er of:
Dated _	4-5, zoic.	NE D	
	Signature of a member or authorized representative of a member	A PROPERTY	t g Serie
	JACK R HAKIM	4	
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Filing Fee: \$25.00