# L1600017030

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Special Instructions to I	Filing Officer	
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Office Use Only



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APR -8 2016 N. CAUSSEAUX

## COVER LETTER

		istration Sect sion of Corpo				
SUBJEC	ъ.	DAVID J HA	KIM HOLDINGS LLC			
SOBJEC	- <b>.</b>		Name of Lim	ited Liability Company		·
The encle	osed	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please re	turn	all correspond	lence concerning this matter	to the following:		
			MR. STEVEN W PICKER	RING	,	
				Name of Person	<u> </u>	==
			CONTROL SERVICES, I	NC.		
				Firm/Company	•	
			P O BOX 6050			
				Address	·	· ·
			MONROE, LA 71211			
				City/State and Zip Code		
			stevep@nuby.com			
			E-mail address: (1	to be used for future annual re	eport notification)	
For furthe	er in	formation con	cerning this matter, please ca	all:		
STEVEN	1 W :	PICKERING		318 338- at ()	-3096	
		Name of P	erson	Area Code	Daytime Teleph	one Number
Enclosed	is a	check for the	following amount:			
\$25.0	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

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

DAVID J HAKIM HOLDINGS LLC	
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L16000017030</u>	npany were filed on JANUARY 25, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
DAVID J 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 ADDRES	SS)
Enter new mailing address, if applicable:	P 1
(Mailing address MAY BE A POST OFFICE BOX)	75 - 2.8
	第三 <u>9</u>
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, enter the name of the new is here:
Name of New Registered Agent:	
New Registered Office Address:	
<del></del>	Enter Florida street address
	, Florida
	City Zin 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of	f filing or more than 90 days after filing.) Pursuant to 605.0207 (3
ote: If the date inserted in this block does not meet the applicable state ocument's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed as th
edition 3 effective date on the Department of State 3 feedings.	
erecord specifies a delayed effective date, but not an ef The 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier of:
The Sourced Bitter the record is filed.	
ated 4-5 2016	
ated <u>4-5</u> , <u>2016</u> .	
Signature of a member or authorized rep	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00