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| Certified Copies | Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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FLORIDA DEPARTMENT OF STATE.

Division of Corporations (ALLA)

July 12, 2016

CHARLIE ZAGHLUL 1796 N COMMERCE PKWY WESTON, FL 33326

SUBJECT: GROUP REX LLC Ref. Number: L16000037630

We have received your document for GROUP REX 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P10000085177.

Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

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

Deborah Bruce Regulatory Specialist II

Letter Number: 816A00014515

COVER LETTER

| TO: Registration Se Division of Cor | | | | |
|--|---|---|------------------------|--|
| GROUP RE | EX LLC | | | |
| | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | CHARLIE ZAGHLUL | | | |
| | • | Name of Person | | - |
| | GROUP REX LLC | | | |
| | _ | | | |
| | 1796 N. COMMERCE PK | WY | | |
| | | Address | | 至6 6 |
| | WESTON, FL 33326 | | | |
| | | City/State and Zip Code | | of the property of the propert |
| | aseconllc@gmail.com | | | |
| For further information co | e-mail address: (| to be used for future annual report | notification) | 1 9 30 Lunio |
| CHARLIE ZAGHLUL | | 954 849-6445 at () | | |
| Name of | f Person | Area Code Day | ytime Telephone Number | Г |
| Enclosed is a check for the | ne following amount: | | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | ite of Status & |
| | | | | |

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

TO ARTICLES OF ORGANIZATION OF

| GR | Ω | P | REX | H | C |
|----|----------|---|-----|-----|---|
| | \sim | " | | Ld. | |

| (Name of the Limited (A | Liability Compa Florida Limited | ny as it now appears on our records Liability Company) | <u>.)</u> | |
|--|------------------------------------|---|------------------------------|--|
| The Articles of Organization for this Limited Liab Florida document number | oility Company | were filed on | and assigned | |
| This amendment is submitted to amend the follow | ring: | | | |
| A. If amending name, enter the new name of the | ne limited liab | ility company here: | | |
| he new name must be distinguishable and contain the word | ls "Limited Liabi | lity Company," the designation "LLC" | or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | 1796 N. COMMERCE PKWY | | |
| Principal office address MUST BE A STREET | | WESTON, FL 33326 | | |
| Inter new mailing address, if applicable: | | 1796 N. COMMERCE PKWY | 7.66 6 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | WESTON, FL 33326 | JUL 26 | |
| 3. If amending the registered agent and/or | registered of | ffice address on our records | 1 1 1 1 | |
| registered agent and/or the new registered office | | | Sample of the | |
| Name of New Registered Agent: | CHARLIE ZAGHLUL | | | |
| New Registered Office Address: | 1796 N. COMMERCE PKWY | | | |
| | | Enter Florida street address | | |
| | WESTON | , Flo | rida | |
| | | 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|---------------------|---|-----------------------|----------------|
| MGR CHARLIE ZAGHLUL | CHARLIE ZAGHLUL | 1796 N. COMMERCE PKWY | |
| | | WESTON, FL 33326 | D Add |
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| | ecific and cannot be prior to date of filing or more than been not meet the applicable statutory filing require | |
| the record specifies a delayed effe the 90th day after the record i | ective date, but not an effective time, a s filed. | at 12:01 a.m. on the earlier of: |
| JULY 22 Dated | 2016 | |
| Charl | ie Zaghlul ture of a member of authorized representative of a me | mber |
| CHARLIE ZAGHLUL | \mathbf{O} | |
| | Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00