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COVER LETTER

	tration Secti ion of Corpo						
SUBJECT:	IALAWANI	LLC					
SUBJECT: _		Name of Limit	ed Liability Company				
The enclosed A	Articles of An	nendment and fee(s) are subm	uitted for filing.				
Please return a	ll correspond	ence concerning this matter to	the following:				
		ILAN HALUWANI					
			Name of Person				
		HALAWANI LLC					
			Firm/Company				
		12620 LITTLE PALM LAN	TE.				
			Address				
		BOCA RATON FL 33428					
			City/State and Zip C	ode			
		AYELETREALTOR@GMA			· ·		
For further info	ormation con	E-mail address: Yto cerning this matter, please cal	be used for future and	nual r c port notificatio		28 83 83	can pool
MARC LABO	SSIERE, PA		954 at ()	763-4214	565 665 673	<u>ا</u>	, en contam a dissaura
Enclosed is a c	Name of P	erson following amount:	Area Code	Daytime Tele	phone Number	P #: 0	
□ \$25.00 Fil		\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy (additional copy i	y	Solution 1 control of the control of	ng Fee, of Status Copy	

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

HALAWANI 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 $\frac{04/20/2016}{1}$ and assigned Florida document number L16000077914 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 City 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

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or cif 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	AYELET ZAPIN	12620 LITTLE PALM LANE	= Add
		BOCA RATON FL 33428	☐ Remove
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	07/12/2016				
Alan halawani Signature of a member or authorized representative of a member	0771272010				
Signature of a member or authorized representative of a member					

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Filing Fee: \$25.00