# L16000089053

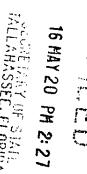
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### **COVER LETTER**

то:		istration Sec sion of Corp						
SUBJEC	-т.	SHAREEF OF ORLANDO LLC						
SUBJEC	~ I • ,	Name of Limited Liability Company						
The encl	losed	Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please re	eturn	all correspon	dence concerning this matter	to the following:				
			SUFYAN SHAREEF					
				Name of Person				
				Firm/Company	<del></del>			
			16710 CEDAR RUN DR					
				Address				
			ORLANDO, FL 32828					
ORLANDOGMCENTER@AOL.COM  E-mail address: (to be used for future annual report notification)								
For furth	ner in	formation co	ncerning this matter, please ca		neation)			
SUFYA	N SI	HAREEF		at (360 ) 952 0107 Area Code Daytim				
		Name of	Person	Area Code Daytim	e Telephone Number			
Enclose	d is a	check for the	e following amount:					
\$25.	.00 F	iling 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

## ARTICLES OF AMENDMENT , TO ARTICLES OF ORGANIZATION OF

SHAREEF OF ORLANDO 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 05/09/2016 Florida document number L16000089057 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SHAREEF GROUP 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 Florida 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 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

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00