L/6000093001

Office Use Only



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COVER LETTER

TO: Registration S Division of Co	ection rporations		
ADAM'S	PROPERTY TRADING, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	TIM A. HAMED		
		Name of Person	
•	TIM A. HAMED, CPA, P.	A-	
		Firm/Company	
	15310 AMBERLY DRIVI	E, SUITE 250	
		Address	
	TAMPA, FL 33647		
		City/State and Zip Code	
	timhamed@yahoo.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
TIM A HAMED		at () 514-2905 Area Code Daytime	·
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is 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 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

ADAM'S PROPRTY TRADING, LLC				
(<u>Name of the Limited Lia</u> (A Flo	bility Compan orida Limited Li	y as it now appears on iability Company)	our records.)	•
The Articles of Organization for this Limited Liabilit	y Company v	were filed on 05/11/2	2016	and assigned
Florida document number L16000093001	·			
This amendment is submitted to amend the following	;'			
A. If amending name, enter the new name of the l	limited liabil	lity company here:		
N/A				
he new name must be distinguishable and contain the words "	Limited Liabilit	ty Company," the design	nation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	20 g	~~
Principal office address MUST BE A STREET AD	DRESS)	Liability Company," the designation "LLC" or the abbreviation "L.L. N/A SS) Property of the abbreviation "L.L." Property of the abbre	eng eng	
			# FT	3
			() *****	
Enter new mailing address, if applicable:			1	יין ש
(Mailing address MAY BE A POST OFFICE BOX))			 U
	-		DE A	5
registered agent and/or the new registered office a	ddress here		→	
Name of New Registered Agent: N/	A 			
New Registered Office Address:				
		Enter Florida s	treet address	
			, Florida	
		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

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
AMBR	GHADA ELSHAMY	14190 FENNSBURY DRIVE	Add
		TAMPA, FL 33624	Remove
	•		Change
			☐ Add
		L	Remove
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effective date is listed, the date must be: If the date inserted in this block	ne specific and cannot be prock does not meet the app	rior to date of filing or dicable statutory fili	more than 90 days : ng requirements,	after filing this date	g.) Pursua e will no	ant to 605.0 ot be listed
ument's effective date on the Dep			•			
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ed	, 2016	······································		ANISSERIA S. AR ARVIEW	<u></u>	

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Filing Fee: \$25.00