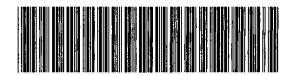
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| (Requesto | r's Name) |
|----------------------------------|------------------------|
| (Address) | , |
| (Address) | |
| (City/State | /Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Business | Entity Name) |
| (Documen | t Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to Filing C | Officer: |
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Office Use Only



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ECRETARY OF STATE
LAHASSEE, FLORIDA

S Warren MAR 0 1 2017

COVER LETTER

| | Registration Sec Division of Corp | | | | | |
|------------------|--------------------------------------|--|-------------------|--|--------------------------|--|
| SUBJEC | T. SH/ | AHID | MD | LLC. | | |
| COLOR | | | Name of Limit | ed Liability Company | 1 | |
| i i | | | • | | | |
| The encl | osed Articles of A | Amendment and fe | ee(s) are subn | nitted for filing. | | |
| Please re | turn all correspor | dence concerning | g this matter t | o the following: | | |
| | | MUHA | MMAD | WASEEM Name of Person | SHAH | <u>D</u> |
| | | SHAHI | D MD | LLC. | | |
| | ı | | | Firm/Company | | |
| | | 15560 | SONON | 1A DRIVE, A | APT 108 | |
| | | | | Address | | |
| | | FORT P | MYERS | , FLORID | A 339 | 08 |
| | | Masee | m 2006 | City/State and Zip Code | m | |
| | | E-n | nail address: (to | be used for future annua | report notification | 1) |
| For furth | er information co | ncerning this mat | ter, please cal | 11: | | |
| MUHF | MMAD W | ASEEM S | HAHID | at (904)_ | 422-35 | 708 |
| | Name of | Person | · · · | Area Code | Daytime Telep | phone Number |
| Enclosed | is a check for the | e following amou | nt: | | | |
| 占 \$25. (| 00 Filing Fee | □ \$30.00 Filing Certificate | | □ \$55.00 Filing Fee Certified Copy (additional copy is en | | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Registra | NG ADDRESS: tion Section of Corporations | | Registra | T/COURIER Altion Section | |

Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| עויין אאאוע | <u> </u> | |
|--|--|--|
| (Name of the Limited Liabili (A Florid | <u>ity Company as it now appea</u> a Limited Liability Company) | ars on our records.) |
| The Articles of Organization for this Limited Liability C | Company were filed on _ | 07/06/2016 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | nited liability company h | <u>iere</u> : |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the | designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 4 |
| (Principal office address MUST BE A STREET ADDI | RESS) | |
| | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | n our records, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Flo | orida street address |
| | City | , Florida Zip Code |
| | Cuy | Zip Coue |

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

Page 1 of 3

Page 1 of 3

TOTAL TOTAL

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | | Address | Type of Action |
|--------------|---|-----------------|----------------------|----------------|
| MGR | M <u>iuhamma</u> | D WASSEM SHAHID | 15560 SONOMA DRIVE, | |
| | | | APT 108, FORT MYERS, | Remove |
| | | | FLORIDA 33908 | Change |
| MGR | ALIA CH | AUDHURY | 15560 SONOMA DRIVE, | Add |
| | | | APT 108, FORT MYERS | Remove |
| | | | FLORIDA 33908 | Change |
| · | *************************************** | | | □ Add |
| | | | | □ Remove |
| | | | | Change |
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