116000144137

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER.

| Division of Corpo | orations | | |
|------------------------------|--|---|---|
| SUBJECT: | REWA | RD LION LLC | |
| scorect. | Name of Lim | ited Liability Company | |
| The enclosed Articles of Ar | nendment and fee(s) are sub- | nitted for filing. | |
| Please return all correspond | lence concerning this matter | to the following: | |
| | | MINA IBRAHIM | |
| | | Name of Person | <u> </u> |
| | | REWARD LION LLC | |
| | | Firm Company | |
| | 700 | S FEDERAL HWY SUITE B | |
| | | Address | |
| | DEE | RFIELD BEACH FL 33441 | |
| | | City/State and Zip Code | |
| | | KE@REWARDLION.COM | |
| | | o be used for future annual report notific | ration) |
| For further information con | cerning this matter, please ca | dl; | |
| MINA IBR | АНІМ | 561 358-1476 at () | |
| Name of P | erson | 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:

TO:

Registration Section

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, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| REWARD LI | ON LLC | | |
|---|--|---------------------------|-----------------------|
| (Name of the Limited Liability Compa (A Florida Limited | iny as it now appear Liability Company) | s on our records.) | |
| The Articles of Organization for this Limited Liability Company for ida document number $\frac{-1.16000144137}{-1.000144137}$ | were filed on | 08/02 2016 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | oility company he | <u>re</u> : | |
| The new name must be distinguishable and contain the words "Limited Liabi | fity Company," the d | esignation "LLC" or the a | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 4162 NW 6TH ST | | |
| (Principal office address MUST BE A STREET ADDRESS) | DEERFIELD BEACH FL 33442 | | |
| Enter new mailing address, if applicable: | 4162 NW 6TH 5 | ST | |
| Mailing address MAY BE A POST OFFICE BOX) | DEERFIELD BEACH FL 33442 | | |
| 3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address: | <u>re</u> : | our records, enter | the name of the |
| | | , Florida | |
| | Circ | | Zin 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> | Address | Type of Action |
|--------------|---------------|--------------------------|--|
| MGR | LAYLA IBRAHIM | 4162 NW 6TH STREET | ⊒ Add |
| | | DEERFIELD BEACH FL 33442 | ☐ Remove |
| | | | Change |
| | | | Add |
| | | | ☐ Remove |
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| Note: | tive date, if other than the date of filing: [Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records. |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed. |
| Dated | 6/23/2017 Manual Signature of a member or authorized representative of a member |
| | Min 1 |
| | Signature of a member or authorized representative of a member |
| | MINA IBRAHIM |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00