# L1700034354

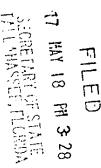
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D. SCOTT MAY 19 2017

#### **COVER LETTER**

TO: **Registration Section** Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: TORDAN WEINKLE, ES Q.

Name of Person

WEINKLE ABERLEL PELES LAW GROUP

Firm/Company PENNSYLVANIA AVENUE MIAMI BEACH, FL 33139
City/State and Zip Code ORDAN® WAPLAW GROUP. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: \$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee \$\cdot \text{Certificate of Status}\$ □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ALMOYAD INVESTMENTS, LLC

Name of the Limited Liability Company as it now appears on our records.

<b>,</b>					
The Articles of Organization for this Limited Liability	Company were filed on 62/13/2017 and assigned				
Florida document number L17000034354	<u></u>				
This amendment is submitted to amend the following:					
A. Wamending name, enter the new name of the li	the new name of the limited liability company here:    D				
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
registered agent and/or the new registered office ad	Idress here:				
N 601 5 1 14					
Name of New Registered Agent:					
New Registered Office Address:	<u>22 00 m</u>				
	Enter Florida street address				
	, Florida ₩ City Zip Cod≥				
N D 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15					
New Registered Agent's Signature, if changing Register					
	at and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and				
	agent as provided for in Chapter 605, F.S. Or, if this document is				
being filed to merely reflect a change in the registe	red office address, I hereby confirm that the limited liability				
company has been notified in writing of this chang	e.				

If Changing Registered Agent, Signature of New Registered Agent

MGR = M AMBR = A	anager uthorized Member	Correcting typo in )	
<u>Title</u>	<u>Name</u>	Address	Type of Action
NGR	ALMOAYED, ABOULENHMAN	310 NW 24TH STREET MIAMI, FL 33/27	Add
			Remove
			Change
MLR	ALMOYAD, ABBULRAHMAN	310 NW 24th Street Minn: , FL 33127	
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Page 3 of 3

Filing Fee: \$25.00