

(Requestor's N	ame)
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PICK-UP WA	IT MAIL
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COVER LETTER

Division of Corp	porations			
GATHERIN SUBJECT:	NG GROUNDS LLC			
Sonator.	Name of Limit	ted Liability Company		
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspon	ndence concerning this matter t	o the following:		
	MOHAMMED AL-SELWA	ADI		
		Name of Person		
	GATHERING GROUNDS	LLC		
Firm/Company				
	1930 ADIRONDACK AVE			
		Address		
	PENSACOLA, FL 32514			
	• • • • • • • • • • • • • • • • • • • •	City/State and Zip Code		
	nationes@yahoo.com			
	E-mail address; (to	be used for future annual report notifie	ration)	
For further information ed	meerning this matter, please cal	II:		
MOHAMMED AL-SELWADI 850 497-2161				
Name of Person		at () Area Code Daytime 1	Felephone Number	
Enclosed is a check for the	e 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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GATHERING GROUNDS LLC	
(Name of the Limited Liability Compat (A Florida Limited L	ny <u>as it now appears on our records.</u>) Jability Company)
he Articles of Organization for this Limited Liability Company	were filed on 6/15/2017 and assigned
lorida document number L17000130706	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liabi	ility company here:
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L.I.C" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	24
 If amending the registered agent and/or registered off egistered agent and/or the new registered office address here 	fice address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Ziv 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
AR	IBRAHIM AYYAD		□ Add
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		PENSACOLA, FL 32514	_■ Remove
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an effective da <u>ote:</u> If the di	e, if other than the te is listed, the date mo ate inserted in this b fective date on the I	ist be specific and block does not m	l cannot be prior to neet the applicab	o date of filing or notes statutory filing	(o) note than 90 days a ng requirements,	otional) Rer filing.) Pursua this date will no	ant to 605,020 at be listed a:
	ecifies a delaye day after the re		ate, but not	an effective	time, at 12:0	l a.m. on the	e earlier c
	BER 10TH		2018				
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Filing Fee: \$25.00