L17000159861

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COVER LETTER

Division of Corpo	rations		
SUBJECT: RE	DUNE AL	UTO SALET LI	<u> </u>
	Name of Lim	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	HUSE	EIN RABAH	
		Name of Person	
	_ REDUNE	Firm/Company	رد
		Firm/Company	
	1605	WEST UNIVER	TITY PKWY
		Address	/
	SARASO	TA F1 747	#2
		City/State and Zip Code	-73
-	MALIK	City/State and Zip Code RABAHH@ Gw o be used for future annual report notifica	NAIC. COM
Park al to a			ition)
For further information cone			
HUSE	N RABAH	at (614) 949 - Area Code Daytime To	-2709
Name of Pe	rson	Area Code Daytime T	elephone Number
Enclosed is a check for the fo	ollowing 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 ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

New Registered Office Address:	Enter Florid	, Florida	
New Registered Office Address:	Enter Florid	aa street aaaress	
New Registered Office Address:			_
N. D. C. LOGI			
Name of New Registered Agent:			_
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on <u>re</u> :	our records, enter the name of the	new
<u> </u>			_
(Mailing address MAY BE A POST OFFICE BOX)			_
Enter new mailing address, if applicable:		3.1164.2	
(Principal office address MUST BE A STREET ADDRESS)		PA	- 'こ
The new name must be distinguishable and contain the words "Limited Lial Enter new principal offices address, if applicable:		91.9	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the de	esignation "LLC" or the abbreviation "L"	<u>-11</u>
A. If amending name, enter the new name of the limited lia	bility company he	ere:	
This amendment is submitted to amend the following:			
Florida document number <u>L17000 1598</u> 6	1		
177000 4 6 6 0 1			

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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	HUSE IN RABAH	SORASOTA FL 34243					
			□ Remove				
		HUSEIN RABAH	Change				
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		Signature	of a men	nber or autho	rized repres	entative of	a member		_	_

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Filing Fee: \$25.00