# L17000 180618

,		
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## **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT:	F Retirement Name of Limit	G100P lcd Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	Haitha	Rame of Person	1
		Name of Person  etirement Groy Firm/Company	
	2600 Lake	Lucien Dr. St.	e 117
	Mai Hand	, FL 32751 City/State and Zip Code	
_	haithanabo	OULDOSN 75@ gmail.Co	M
For further information conce			attenty
Haitham Abo	oul-Hosn	at ( <u>407</u> ) <u>928-4</u> Area Code Daytime T	447 Celephone Number
Enclosed is a check for the fo	ollowing amount:		
图 \$25.00 Filing Fee C	□ \$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:

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

	Retiren		>	
(Name of the Limited Li (A Fl	iability Company Iorida Limited Lia	as it now appears on our bility Company)	records.)	
The Articles of Organization for this Limited Liabili	ity Company w	ere filed on Aug 2	23rd, 2017	and assigned
Florida document number <u>L17000180 688</u>		9		
This amendment is submitted to amend the followin	ıg:			
A. If amending name, enter the new name of the	limited liabili	ty company here:		
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designation	on "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable	<b>:</b> .	2600 Lake	Lucien D	۲
(Principal office address MUST BE A STREET A	DDRESS)	6te 117		
		Maitland,	FL 3275	51
Enter new mailing address, if applicable:		2600 Lake	_ Lucien	pr.
(Mailing address MAY BE A POST OFFICE BOX	<u>0</u> .	Ste 117		
		maitfund	FL, 32	751
B. If amending the registered agent and/or r registered agent and/or the new registered office		ce address on our r	ecords, <u>enter</u>	the name of the new
Name of New Registered Agent:	Haith	am Aboul-	Hosn	
New Registered Office Address:	457	Village Enter Florida stree	View uddress	Ln
_	Longu	vood	, Florida	32779
New Registered Agent's Signature, if changing Regis	<i>J</i>	City		Zip Code
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the registery company has been notified in writing of this change.	ent and agree nd complete pe ed agent as pro stered office ac	erformance of my dul ovided for in Chapter	ties, and I am , 605, F.S. Or,	familiar with and if this document is

Page 1 of 3

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
<del></del>			Add
			☐ Remove
			Change
			Remove
			Change
			Remove
			Change
		<b>*</b> * <b>\                              </b>	
			Remove
		<del></del>	Change
			Remove
			Change

•	
•	
f an cf <u>Note:</u>	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
	October 17th Zol7
Dated	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00