## K17000261245

| (Re                     | questor's Name)    |           |
|-------------------------|--------------------|-----------|
| (Ad                     | dress)             |           |
| (Ad                     | dress)             |           |
| (Cit                    | y/State/Zip/Phone  | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Name | e)        |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |

Office Use Only



500388608425

06/07/22--01015--011 \*\*25.80

2022 JUN -7 AM 10: 2 SECRETARY SEE FI

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   |  |  |
|--|---|--|--|
| Fguyer LLC SUBJECT:                    | <del>-</del>  |  |  |
| SUBJECT:                               |   | ited Liability Company                       |  |
| The enclosed Articles of               | Amendment and fee(s) are sub                          | mitted for filing.                           |  |
| Please return all correspo             | ondence concerning this matter                        | to the following:                            |  |
|  | Sleem Fguyer  |  |  |
|  |   | Name of Person                               |  |
|  | Fguyer LLC  |  |  |
|  |   | Finn/Company                                 |  |
|  | 8377 Corkfield ave                                    |  |  |
|  |   | Address                                      |  |
|  | Orlando, FL 32832                                     |  |  |
|  |   | City/State and Zip Code                      |  |
|  | sfgaier@uwalumni.com                                  |  |  |
| Fire the thor in Exemption of          | E-mail address: (<br>concerning this matter, please c | to be used for future annual report notif    | icanon)  |
|  | oncerning this matter, prease c                       |  |  |
| Sleem Fguyer                           |   | at ()<br>Area Code Daytime                   |  |
| Name c                                 | of Person   | Area Code Daytime                            | : Telephone Number   |
| Enclosed is a check for t              | he following amount:                                  |  |  |
| ■ \$25.00 Filing Fee                   | S30.00 Filing Fee & Certificate of Status             | Certified Copy (additional copy is enclosed) | Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address Registration           |   | Street Address:<br>Registration Sec          | ction  |
| Division of C                          |   | Division of Con                              |  |
| P.O. Box 632                           | 27  | The Centre of T                              |  |
| Tallahassee,                           | FL 32314  | 2415 N. Монгос                               | e Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN -7 AH 10: 21

Fguyer LLC (Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{12/26/2017}{2}$ and assigned Florida document number  $\frac{1.17000261245}{-}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  $N/\Lambda$ Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  $N/\Lambda$ Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_. Florida \_

## 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>  | Name         | Address                                 | Type of Action |
|---------------|--------------|---|----------------|
| AMBR          | Hedia Fgaier | 9427 Launch Point RD, Orlando, FL 32832 | =Add           |
|               |              |   | □Remove        |
|               |              |   | UChange        |
|               |              |   | □Add           |
|               |              |   | □Remove        |
|               |              | ·                                       |                |
|               |              |   | ⊡Add           |
|               |              |   | □Remove        |
|               |              |   |                |
|               |              |   | □Add           |
|               |              |   | □Remove        |
|               |              |   | □Change        |
|               |              |   | □Add           |
|               |              |   | Remove         |
|               |              |   | □Change        |
| <del></del> - |              |   | □Add           |
|               |              | <del>.</del>                            | Remove         |
|               |              |   | <del>-</del>   |

| N/A                                       |  |  |
|---|--|--|
|   |  |  |
|   |  |  |
| <del></del>                               | -  |  |
|   |  |  |
|   | ·  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| ·   |  |  |
|   |  |  |
|   |  | S. 20  |
|   | <del></del>  | TAL  |
|   |  |  |
|   |  | 2022 JUN - 7<br>SECRE LAZI<br>TALLAHA  |
|   |  | 10   |
|   |  | SSC: <b>AR</b><br>C. F. S. F.  |
|   |  |  |
|   |  |  |
| If the date inserted in this b            | st be specific and cannot be prior to date of filing | (optional)<br>g or more than 90 days after filing.) Pursuant to 605,<br>filing requirements, this date will not be liste |
| ord specifies a delayed effecti<br>filed. | ve date, but not an effective time, at 12:01 a       | a.m. on the earlier of: (b) The 90th day after   |
| June 3rd<br>d                             | 2022   |  |
|   | ALL SA   |  |
|   |  |  |
|   | Signature of a member or authorized represent        | itative of a member  |

Filing Fee: \$25.00