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COVER LETTER

| TO: Registration Section Division of Corporation | | | 4 |
|--|--|--|--|
| SUBJECT: | ABEX INTE | RNATIONAL ted Liability Company | <u>L L C</u> - |
| | | | |
| The enclosed Articles of Ar | nendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspond | ence concerning this matter | to the following: | |
| | LAWAL, 1 | Nu HAMMAD RI | LIFAI |
| | HABEX | 【 <u>NTERNATIONAL</u> Firm/Company | LLC |
| | 140, ACKLINS | CIRCLE, APT 2071 | DAXTUNA BEACH. |
| | | City/State and Zip Code Pulay & Gmail - Com o be used for future annual report noti | 32119 |
| | Muhammadlawal E-mail address: (i | Pulay & Smeal - Com o be used for future annual report noti | fication) |
| For further information con- | cerning this matter, please ca | ılı: | |
| Muhammad ly Name of P | wat, Rufai | at (386) 3 🔄 Area Code Daytim | 8583 e Telephone Number |
| Enclosed is a check for the | 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:

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

| HABEX INTERN | DATIONAL LLC |
|---|---|
| (<u>Name of the Limited Liah</u> (A Flor | bility Company as it now appears on our records.) rida Limited Liability Company) |
| The Articles of Organization for this Limited Liability | Company were filed on _ 2 2 2 2 2 and assigned |
| Florida document number L18000030950 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the li | mited liability company here: |
| The new name must be distinguishable and contain the words "L | Limited 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) B. If amending the registered agent and/or regregistered agent and/or the new registered office ac | gistered office address on our records, enter the name of the new ddress here: |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| | Cuy Zip 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------------------------|------------------------|----------------|
| ANNBR | Lakshmi A-June | 484 Setting Sun drive | _D /Add |
| | | Winter garden Florida | □ Remove |
| | | 34787. | Change |
| MGR | Lakshmi Arjune | 489, Setting Sun drive | J∕Add |
| | Winter geurden Florida | Remove | |
| | 34787 | Change | |
| | | | |
| | | | ☐ Remove |
| | | | ☐ Change |
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| D. If amendi | ng any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Effective d | date, if other than the date of filing: (optional) |
| Note: If th | e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (see date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records. |
| f the record b) The 90t | i specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed. |
| Dated | 7 - 07 - 2019 |
| - | Signature of a member or authorized representative of a member |
| - | Muhammad Jawar, Ruffai Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00