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SECRETARY OF STATE

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COVER LETTER

TO:		stration Se ion of Cor				
CITO IE.		Mohamed A	AB LLC			
SUBJE	CI: _		Name of Limi	ited Liability Compan	y	
The enc	losed -	Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn a	ıll correspo	ndence concerning this matter	to the following:		
			Shadi Badran			
				Name of Person	1	
			iTax Financial Group LLC			
				Firm/Company	,	
			2960 Vineland Rd			
				Address		
			Kissimmee, FL 34746			
				City/State and Zip (
			greenshadi@gmail.com E-mail address: (i	o he used for future at	j je Sučina kaj jedi Granista kaj mual renort notif	ication)
For furtl	her inf		oncerning this matter, please ca	an got		
Shadi B	adran			407 at (507-0507	
		Name of	f Person		Daytime	Telephone Number
Cualaca	d:	ah a ala Cau dh	a Callando - account			
			e following amount:	7 655 00 FW		5 6 (0.00 PW)
■ \$25.	.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Cop (additional copy	у	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		• 1				<i>:</i>
	·. ·			• •	• • •	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee; FL 32314			Reg Divi Clift	stration Section sion of Corpora on Building	ations	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mohamed AB LLC					
(Name of the Limited Liah (A Flor	bility Company a rida Limited Liab	s it now appears on our lity Company)	records.)		
he Articles of Organization for this Limited Liability	y Company we	re filed on 04/24/2018	3	and assig	gned
orida document number L18000102686	.				
is amendment is submitted to amend the following:	:				
If amending name, enter the new name of the li	imited liability	company here:			
ohamed Abdelatif LLC					
e new name must be distinguishable and contain the words "L	Limited Liability (Company," the designation	n "LLC" or the	abbreviation "L.L	.C."
nter new principal offices address, if applicable:	_		_		
rincipal office address MUST BE A STREET ADI	DRESS)				
nter new mailing address, if applicable:			-	·	
Mailing address MAY BE A POST OFFICE BOX	_			· · · · · · · · · · · · · · · · · · ·	
	_				
				_	
If amending the registered agent and/or reg gistered agent and/or the new registered office ac		address on our r	ecords, <u>ent</u>	er the name o	f the n
gistered agent and/or the new registered office at	dui ess nei e			TAS: 12	
N. CN. D. L. LA				Z	
Name of New Registered Agent:				- 	1
New Registered Office Address:				AY 14 AASSE	
		Enter Florida stree	t address	PH DF S	
			, Florida	25 G	,
		City	, I IOI IUU _	Zip Code	N-100/

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
`			□ Remove
			☐ Change
			□ Add
		 	□ Remove
			Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.			
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Page 3 of 3

Filing Fee: \$25.00