## 118000102770

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
| (Business Link, Name,                   |
| (Document Number)                       |
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## COVER LETTER .

|                    | Registration So<br>Division of Cor          |   | ,  |                         |               |  |
|--------------------|---|---|--|-------------------------|---------------|--|
| SUBJEC"            |   | tirment Group LLC                               |  |                         |               |  |
| . говятс           | ·   | Name of Limited Liability Company               |  |                         |               |  |
|                    |   | Amendment and fee(s) are sub                    | C  |                         |               |  |
|                    | P   | Haitham Aboul-Hosn                              | te the following.  |                         |               |  |
|                    |   | •   | Name of Person   |                         |               |  |
|                    |   |   | Firm/Company   |                         |               |  |
|                    | 2600 Lake Lucien Dr. Suite 117              |   |  | - <u>3</u><br>.1        |               |  |
|                    | Address                                     |   |  |                         | •             |  |
|                    | Maitland, FL 32751  City/State and Zip Code |   |  |                         |               |  |
|                    |   | haithamaboulhosn75@gi                           | mail.com to be used for future annual repor                        | rt notification)        | >             |  |
| For furthe         | r information c                             | oncerning this matter, please c                 | •  | . Independent           |               |  |
| Haitham Aboul-Hosn |   | 407 928 <b>-</b> 44                             |  |                         |               |  |
|                    | Name o                                      | f Person  | Area Code D  | aytime Telephone Number |               |  |
| Enclosed i         | is a check for th                           | ne following amount:                            |  |                         |               |  |
| \$25.00            | D Filing Fee                                | □ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed | Certified (             | e of Status & |  |
|                    |   |   |  |                         |               |  |

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

| Florida Retirment Group LLC  | e as it now annears on our records          |                 |               |
|--|---|-----------------|---------------|
| (Name of the Limited Liability Company<br>(A Florida Limited Lia             | ability Company)                            |                 |               |
| The Articles of Organization for this Limited Liability Company w            | vere filed on 4-24-2018                     | and ass         | igned         |
| lorida document number L18000102770  |   |                 |               |
| This amendment is submitted to amend the following:                          |   |                 |               |
| a. If amending name, enter the new name of the limited liabili               | ity company here:                           |                 |               |
| Florida Retirement Group LLC   |   |                 |               |
| he new name must be distinguishable and contain the words "Limited Liability | y Company," the designation "LLC" or the    | abbreviation "L | L.C."         |
| Enter new principal offices address, if applicable:                          |   |                 |               |
| Principal office address MUST BE A STREET ADDRESS)                           |   |                 |               |
|  |   |                 |               |
|  |   | <u> </u>        |               |
| Enter new mailing address, if applicable:                                    |   |                 |               |
|  | <del></del>                                 |                 |               |
| Mailing address MAY BE A POST OFFICE BOX)                                    |   |                 |               |
|  |   |                 |               |
| 3. If amending the registered agent and/or registered offi                   | oo uddaoon oo uur waxaada                   | <br>            | -c .t         |
| egistered agent and/or the new registered office address here:               |   | • =             | <u>01 10e</u> |
|  |   | L C.            | ٠             |
|  |   |                 |               |
| Name of New Registered Agent:  |   | ~- <b>&gt;</b>  | į             |
| Name of New Registered Agent:  |   |                 |               |
| Name of New Registered Agent:  New Registered Office Address:                | Entar Elavida ervoot addres e               |                 | i<br>J        |
| <del></del>  | Enter Florida street address                |                 | <u> </u>      |
|  | Enter Florida street address  Florida  City |                 | - i           |

## 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 = M $AMBR = A$ | lanager<br>uthorized Member |         |                |
|--------------------|-----------------------------|---------|----------------|
| <u>Title</u>       | Name                        | Address | Type of Action |
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| Effective date, if other than the If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the limit of the | block does not meet the                  | applicable stat | f filing or more than<br>utory filing requir | (optional<br>90 days after filin<br>ements, this dat | l)<br>g.) Pursuant to<br>e will not be | 605,0207<br>listed as |
| he record specifies a delaye<br>The 90th day after the re   | ed effective date, but<br>cord is filed. | ut not an ef    | fective time, a                              | t 12:01 a.m  | , on the ea                            | arlier of             |
| Dated   | . 2018                                   | · · ·           | $\mathcal{N}$ 1                              | /  |  |                       |
|   |  |                 | 1/1/4  |  |  |                       |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00