3000/448

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COVER LETTER

TO:	Registration S Division of Co			
SUBJE		ealty Trust LLC.		
30036	CI	Name of Lim	ited Liability Company	
The enc	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		Fouad Atallah		
			Name of Person	
			Firm/Company	
		20 Daniel Drive		·
			Address	········
		North Easton, MA. 0235	6	
		·	City/State and Zip Code	
		orphelees@hotmail.com		× .
			to be used for future annual report notif	ncation)
For furt	her information	concerning this matter, please ca	all:	
Fouad	Atallah		617 851-5101 at ()	
	Nam e	of Person	Area Code Daytime	e Telephone Number
Enclose	d 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

Fouad Realty Trust LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000144895	were filed on June 12th, 2018	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		SE V
		CRE OR
Enter new mailing address, if applicable:		OF C
•		
(Mailing address MAY BE A POST OFFICE BOX)		PHIZ:
		N = 5
		.
B. If amending the registered agent and/or registered o	·	the name of the new
registered agent and/or the new registered office address her	<u>re:</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	City	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, 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
MGR	Fouad Atallah	20 Daniel Drive,	Add
		North Easton, MA 02356	Remove
			Change
MGR	Robert Janello	386 Forest Ave	■ Add
		Brockton, MA 02301	Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Add
			□ Remove
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			Add
			П Remove
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: If the date inserted in this bl	st be specific and cannot be prior to ock does not meet the applicab			
ment's effective date on the D	epartment of State's records.			
ecord specifies a delayer	d effective date, but not a	an effective time :a	t 12:01 am on the	earliei
e 90th day after the rec		an checave ame, a	12.01 d.m. on the	Carner
__ 7-9-2018	12:01 AM			
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Typed or printed name of signee

Filing Fee: \$25.00