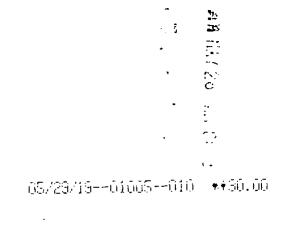
L19000097059

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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PICK-UP WAIT MAIL	-
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COVER LETTER,

TO:

Registration Section

Divi	ision of Cor	porations		·	
	NEWWAY	CAPITAL INVESTMENTS	LI.C		
SUBJECT:		Name of Lin	nited Liability Company		
				,	:: :::::::::::::::::::::::::::::::::::
The enclosed	Articles of	Amendment and fec(s) are sub	mitted for filing.	*. •••	
Please return	all correspo	ondence concerning this matter	to the following:	τ.,	
		SUHAIL ALRIFAIE		•	
			Name of Person		:
		NEWWAY CAPITAL IN	VESTMENTS LLC		
			Firm/Company		
		6704 PARKE EAST BLV	D.		
			Address		
		TAMPA, FL 33610			
			City/State and Zip Code	 	
		ERICK@ARGUELLOFIN			
			to be used for future annual report no	inication)	
For further in	itorination c	oncerning this matter, please c			
ERICK J. Al	RGUELLO		813 727-8492 at ()		
-	Name o	r Person	Area Code Daytii	ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	iling 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 of Certified Copy (additional copy is enclose	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assec, F1, 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	erations Tenter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEWWAY CAPITAL INVESTMENTS LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	. 50
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L19000097059}{L19000097059}$.	pany were filed on 04/03/2019	and assigned
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 I	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6704 PARKE EAST BLVD.	
(Principal office address MUST BE A STREET ADDRESS	TAMPA, FL 33610	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6704 PARKE EAST BLVD. TAMPA, FL 33610	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:		er the name of the ne
	, 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.

N/A	
If Changing Ro	gistered 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

Title	<u>Name</u>	Address	Type of Action
MGR	SUHAIL ALRIFAIE	6704 PARKE EAST BLVD TAMPA, FL 33610	= Add
			☐ Remove
			☐ Change
	AHMAD ABU KHALIL	11901 N 53RD STREET TAMPA, FL 33617	
			≅ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			D Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change

Page 2 of 3

111	D SUITAIL ALRIFAIE AS	ATITHORIZED PEDS	ON		
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Note: If	date, if other than the day date is listed, the date must be he date inserted in this block 's effective date on the Department.	k does not meet the app	olicable statutory fili	(option: nore than 90 days after fili ng requirements, this da	ng.) Pursuant to 605.020
the recor The 90	d specifies a delayed e Oth day after the recor	effective date, but d is filed.	not an effective	time, at 12:01 a.n	a. on the earlier o
Dated Ma	V. 8	2019	·		
· · · · · · · · · · · · · · · · · · ·		·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00