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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

| SUBJECT: | ABU A | ADE TNVEST | MENTY LLC | | | | |
|--|--|---|---|--|--|--|--|
| | Nam .im | ited Liability Company | | | | | |
| The enclosed Articles of A | mendment and .e(s) are sub | mitted for filing. | | | | | |
| Please return all correspond | dence concerning this matter | to the following: | | | | | |
| | FA | Name of Person | 1005 | | | | |
| | | Name of Person | | | | | |
| | | Firm/Company | | | | | |
| | 15089 Y | W. JYTH STREE | T | | | | |
| | • | | | | | | |
| | CORAL SPRINGS FL 33065 City/State and Zip Code | | | | | | |
| | E-mail address: (| FHGTAG V to be used for future annual re | AHOO, C ON port notification) | | | | |
| For further information con | ncerning this matter, please c | all; | | | | | |
| FAUZI Name of I | CHANTOUS Person | at (<u>954</u>) Area Code | Sol- 2200 Daytime 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 enclo | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | | |
| <u>Mailing Address:</u> Registration Se | | Street Add Registrat | • | | | | |
| Division of Co | rporations | Registration Section Division of Corporations | | | | | |
| P.O. Box 6327 | | The Cent | re of Tallahassee | | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ABU WARDE I | NVESTNENTS LLC iability Company as it now appears on our recolorida Limited Liability Company) | cords.) |
|--|---|------------------------------------|
| The Articles of Organization for this Limited Liabil Florida document number <u>L 77000363</u> | ity Company were filed on _/o/Ə// | 1 |
| This amendment is submitted to amend the following | og: | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| The new name must be distinguishable and contain the words | "Limited I iability Company," the designation " | LLC" or the Burey on "L.L.C." |
| Enter new principal offices address, if applicable | :: | |
| (Principal office address MUST BE A STREET A | DDRESS) | 1 3 6 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | <u></u> | PH 6: 53 |
| B. If amending the registered agent and/or regis agent and/or the new registered office address he | tered office address on our records, <u>en</u> ere: | ter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street ad | dress |
| _ | | 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

| Title | <u>Name</u> | Address | Type of Action |
|-------------|------------------|--|----------------------|
| AMBR | BASSAM ABU WARDE | 12082 NW 24TH ST | □Add |
| | | COML SPRINGS FL 3306- | □Remove |
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| fan effec <u>Note:</u> If | te date, if other etive date is listed, f the date inserte nt's effective da | the date must be sed in this block | specific and does not m | cannot be prineet the app | licable stati | filing or more story filing r | than 90 days | o ptional) after filing.) P i, this date wi | ursuant to 11 not be | 605.0207 listed as |
| record I is filed | specifies a delay | yed effective da | te, but not | an effective | e time, at 12 | 2:01 a.m. on | the earlier o | of: (b) The 9 | 00th day a | ifter the |
| ated _ | Doces | mber 4 | shave. | 201 | hanto. | - | | | | |
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