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| (1- | Requestor's Name) | | |
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| (Address) | | | |
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| (C | City/State/Zip/Phone #) | | |
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| ☐ PICK-UP | ☐ WAIT | ☐ MAIL | |
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| (E | Business Entity Name) | | |
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| (L | Ocument Number) | | |
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| Certified Copies | Certificates of | Status | |
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| Special Instructions to | o Filing Officer: | | |
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COVER LETTER

| | gistration Se ision of Cor | | | | |
|---|-------------------------------|--|---|---|--|
| eun ince | REMA INV | VESTMENT I LLC | | | |
| SUBJECT: Name of Limited Liability Company | | | | | |
| The enclosed | l Articles or | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return | all correspo | ndence concerning this matter | to the following: | | |
| | | Rema Jamal Luttī | | | |
| | | | Name of Person | | |
| | | | Firm/Company | | |
| | 742 Edgewater Dr | | | | |
| | | | Address | | |
| | | Orlando, Florida 32804 | | | |
| | | | City/State and Zip Code | | |
| Far further is | aformation co | E-mail address: (| to be used for future annual report no | tification) | |
| | | succerning this matter, prease c | | | |
| Rema JAma | | | 407 692-0173 at () | | |
| | Name of | f Person | Area Code Daytii | me Telephone Number | |
| Enclosed is a | check for th | e ^c ollowing amount: | | | |
| ≡ \$25.00 F | 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 | | Street Address: Registration Se | ection | | |
| Division of Corporations | | Division of Co | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Com (A Florida Limite | pany as it now appears on our records.) d Liability Company) | <u> </u> |
|---|---|------------------------------|
| (At torical danne | | |
| The Articles of Organization for this Limited Liability Compar | y were filed on 2/25/2021 | and assigned |
| Florida document number L20000100229 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Lia | bility Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | · |
| | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our records, <u>enter th</u> | ie name of the new regi |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | Ũ |
| | Enter Florida street address | |
| | Flor | ida |
| | 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|-----------------------|------------------|---------------------------------------|----------------|
| MGR | Asmahan Lutti | 742 Edgewater Drive, Orlando FL 32804 | □Add |
| | | | = Remove |
| | | | <u>_</u> |
| AMBR Rema Jamal Lutfi | Rema Jamal Lutfi | 742 Edgewater Drive, Orlando FL 32804 | = Add |
| | | | □Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member Typed or printed name of signee