

L15000014296  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H17000108874 3)))



H170001088743ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
 Account Number : I20000000019  
 Phone : (305)552-5973  
 Fax Number : (305)220-1440

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 ABDUL AND SON'S HOMES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	<b>\$25.00</b>

RECEIVED

2017 APR 24 AM 11:11

STATE OF FLORIDA  
 TALLAHASSEE

17 APR 24 AM 9:15

FILED

2AD REQUEST

Electronic Filing Menu

Corporate Filing Menu

Help

© SIMMONS

APR 25 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H1700010887

ABDUL AND SON'S HOMES LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/23/2015 and assigned Florida document number L15000014296

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

10544 nw 26 st

(Principal office address MUST BE A STREET ADDRESS)

suite E 204

Doral, FL 33178

Enter new mailing address, if applicable:

10544 nw 26 st

(Mailing address MAY BE A POST OFFICE BOX)

suite E 204

Doral, FL 33178

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

n/a

New Registered Office Address:

n/a

Enter Florida street address

n/a

Florida n/a

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

H1700010887

H17000108874

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	MACHADO HOSMA JOSE	8810 nw 118 path	<input checked="" type="checkbox"/> Add
		Doral, FL 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ABDUL TONY FARAON	21011 JOHNSON STREET	<input type="checkbox"/> Add
		SUITE 110	<input checked="" type="checkbox"/> Remove
		PEMBROKE PINES, FL 33029	<input type="checkbox"/> Change
MGRM	GIMENEZ RIVERO, MARIA	21011 JOHNSON STREET	<input type="checkbox"/> Add
		SUITE 110	<input checked="" type="checkbox"/> Remove
		PEMBROKE PINES, FL 33029	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

APR 21 11:15 AM '17

H17000108874

H17000108374

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

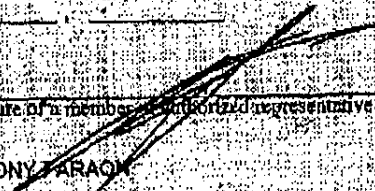
---

---

E. Effective date, if other than the date of filing: N/A (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.

Dated N/A at N/A

  
 Signature of a member or authorized representative of a member  
ABDULRAHIM KARAGHE, TONY TARON  
 Typed or printed name of signee

H17000108374