

L23 000487737

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF SUPERIOR COURT  
ALBANY, NEW YORK

O: Registration Section  
Division of Corporations

SUBJECT: A2Z HOME RENOVATION LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ABDELWAHAB ELAZZOUZI  
Name of Person  
A2Z HOME RENOVATION LLC  
Firm/Company  
6429 CHERRY GROVE CIR  
Address  
ORLANDO  
City/State and Zip Code  
FLORIDA  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ABDELWAHAB ELAZZOUZI at ( 954 ) 914-2648  
Name of Person Area Code Daytime Telephone Number

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STATE OF FLORIDA  
TALLAHASSEE, FL

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 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 Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

10  
ARTICLES OF ORGANIZATION  
OF

A2Z HOME RENOVATION 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 10/25/2023 and assigned Florida document number L23000487737.

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

A2Z HOME RENOVATION LLC

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:

Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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SECRETARY OF STATE  
TALLAHASSEE FL

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:

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

IGR = Manager  
MBR = Authorized Member

<u>itle</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	ABDELWAHAB ELAZZOUZI	6429 CHERRY GROVE CIR ORLADO FL,32809	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE

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

I SENT THIS AMENDMENT ABOUT 42 DAYS, AND BEEN CALLING EVRY WEEK, for update


I called Manday 12/11/2023 and i found out my document its been lost, but the check was posted on my account,  
on NOVEMBER 15 , and i have to sent a copy of my check , and documents again .

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STATE OF FLORIDA  
TALLAHASSEE, FL

Effective date, if other than the date of filing: 11/01/2025 (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 12/11/2023 04:15

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ABDELWAHAB ELAZZOUZI

\_\_\_\_\_  
Typed or printed name of signee