L16000038455

(Re	equestor's Name)	
(Ad	Idress)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



09/01/16--01009--020 **25.00

ZIII SEP -1 P 2 5

SEP US OFF

COVER LETTER

TO: Registration Sec Division of Corp	tion Porations			
SUBJECT:	Name of Primit	160 Services, LL ed Liability Company		
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return all correspon	dence concerning this matter to	o the following:		
	Brak	Name of Person	,00ì	
		Firm/Company		
	<u> </u>	A Olive Ave		
	Pan	Address Address Address City/State and Zip Code	10 12	
For further information con	E-mail address: (to	he used for future annual report notification:	20 SEP -	
Brahim El Name of	Hannaovi Person	at (<u>850</u>) <u>624 - 00</u> Area Code Daytime Tek	ephone Number T	
Enclosed is a check for the	following amount:		55	
\$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limite	ed Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Li		were filed on Z/Z4 14 and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liab	vility company here:
Brahin's Home Improv	ements	LLC lity Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the wi	ords "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	17110 Hernando Ave
(Principal office address MUST BE A STREE	T ADDRESS)	17110 Hernando Ave Panama City Beach, FL 32413
P., 4		mum lacerado ave
Enter new mailing address, if applicable:		Panama City Beach, FL 32413
Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	Hanama City Deach, FL 32413
		ffice address on our records, enter the name of the
registered agent and/or the new registered of	ice address nere	e:
Name of New Registered Agent:	Brah	IM El Hannaovi & T
New Registered Office Address:		Heranda Ave
_		Enter Florida street address
	Panan	na City Beach Florida 32413
		City Sip Code
New Registered Agent's Signature, if changing R	enistered Anent	

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.

changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MER	Hannaoui, Brahim E	207 A Olive Ave	Add
		Panama City, FL 32401	Remove
			Change
MER El Hannaoui, B	El Hannaoui, Brahim	17110 Hernando Ave	Add
		Panama City Beach, FL 32412	_ Remove
			Change
			Add
			_ Remove
			_ Change
			_ Add
		SE SE P	
			Change
		25 5 0 5 0	_ Remove
			_ Change
			_ Add
			Remove

	other information, ente							
, ,							· = · · · ·	
<u>.</u>								
		- · · · - · - · - · · - · · · · · · · ·						
	<u> </u>	<u></u>		* ************************************				
,		· Mahra - roman						

			• " •		11			
								
								
					7:3	2		
					j f 	2016	rates and	
					Ī.	SEP	d. F	
Effective date, if o	ther than the date of fill sted, the date must be specific	ling:	deta of filing or m	ara than 00 d	_ (optior	ial) ilina V Day	5 mail	0 3 0
Note: If the date in:	serted in this block does no	ot meet the applicab	le statutory filing	g requireme	nts, this o	datejwill	not be listed	d as
document's effectiv	e date on the Department o	of State's records.			O.Z	12		
						50		
	es a delayed effective after the record is file		an effective ti	ime, at 1	2:01 a.i	m. on	the earlier	го
Dated Aug	29	2016	_·					
,				K				
		f a member or author	zed representative					
, D	5		•					
· Ľ	Drahim til	nannaov Typed or printed	~ i					

Page 3 of 3

Filing Fee: \$25.00