

L05000112670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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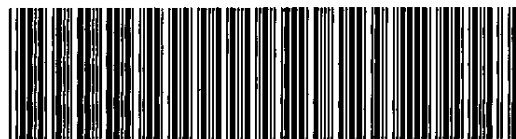
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 27 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A &E TWO ASSOCIATES,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:

ELIAHU ABUKASIS

Name of Person

Firm/Company

17038 WEST DIXIE HWY

Address

NORTH MIAMI BEACH FL,33160

City/State and Zip Code

ELIABUKASIS@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIAHU ABUKASIS

Name of Person

at (917)

9396188

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

A&E TWO ASSOCIATES, 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 11/22/2005 and assigned
Florida document number L05000112670

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

17038 WEST DIXIE HWY

NORTH MIAMI BEACH, FLORIDA

33160 SUITE 236

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17038 WEST DIXIE HWY

NORTH MIAMI BEACH, FLORIDA

33160 SUITE 236

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:

ELIAHU ABUKASIS

New Registered Office Address:

17038 WEST DIXIE HWY

Enter Florida street address

NORTH MIAMI BEACH

Florida

33160

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 608, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

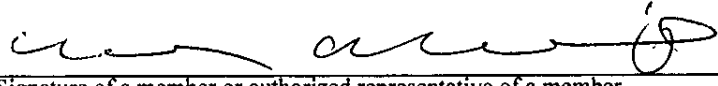
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ELIAHU ABUKASIS	17038 WEST DIXIE HWY NORTH MIAMI BEACH FLORIDA 33160 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DAVIS, RONALD	16375 NE 18 AV NORTH MIAMI BEACH, FLORID 33162 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DAVIS, CAROL ANN	16375 NE 18 AV NORTH MIAMI BEACH, FLORIDA 33162 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Dated 12-22-10, _____.



Signature of a member or authorized representative of a member

A-122-200-62-342-0

Typed or printed name of signee