

LD5000112670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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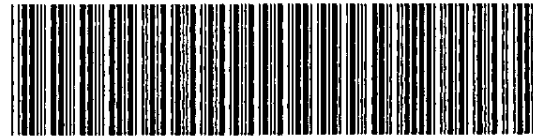
(Business Entity Name)

(Document Number)

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2011 FEB -3 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

FEB 04 2011

## 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:

David H. Freedman  
Name of Person  
David H. Freedman, P.A.  
Firm/Company  
11500 Biscayne Blvd Suite 604  
Address  
North Miami, FL 33184  
City/State and Zip Code  
davidfreedman@bellsouth.net  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

David Freedman at (305) 893-8003  
Name of Person Area Code & Daytime Telephone Number

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 11/22/05 and assigned  
Florida document number LC05000112670

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 "LLC."

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 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:

19900 E. County Club Drive  
Unit 807 Enter Florida street address  
Aventura Florida 33180  
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 affirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent: Signature of New Registered Agent

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

Title	Name	Address	Type of Action
	<u>RONALD L. DAVIS</u> MGRM	<u>19667 TURNBERRY WAY</u> <u>AVENTURA FLA</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	<u>CAROL ANN DAVIS</u> MGRM	<u>19667 TURNBERRY WAY</u> <u>AVENTURA FLORIDA</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	<u>ELIAHU ABUKASIS</u> MGRM	<u>18900 E. COUNTY CLUB DR</u> <u>UNIT 807</u> <u>AVENTURA, FLA</u>	<input checked="" type="checkbox"/> Add <input 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

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SECRETARY OF STATE  
ALABAMA  
TALLAHASSEE, FLORIDA

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

Dated

Signature of a member or authorized representative of a MEMBER

RONALD L. DAVIS

Typed or printed name of signer