Division of Corporations **Electronic Filing Cover Sheet**

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(((H140001301023)))



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To:

Division of Corporations

Fax Number : (850) 617-5383

From:

Account Name : ACCOUNTANT & MANAGEMENT INC

Account Number : 120110000070 : (305)541-3980 Fax Number : (305)541,-7033

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

A & E TWO ASSOCIATES, LLC

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Certificate of St	atus		0
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Page Count			04
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Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

H14000130102 3

COVER LETTER

TO: Registration Section

Division of Corporations

A & E TWO ASSOCIATES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing,

Please return all correspondence concerning this matter to the following:

MOSES NAE

Name of Person

ACCOUNTANT & MANAGEMENT INC

Firm/Company

1549 NE 123RD ST

NORTH MIAMI, FL 33161

City/State and Zip Code

INFO@TAXLEAF.COM

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

For further information concerning this matter, please call:

MOSES NAE

at (305) 541-3980

Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

\$25,00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fcc & 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

H14000130102 3 ARTICLES OF AMENDMENT

	TO) ,	AS B	
	S OF O	RGANIZATION		
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•			TAR TAR	
A & E TWO ASSOCIATES, LLC	2		SHE F	
		y as it how appears on our records.) ability Company)		111
(A Florid	da Limited Li	ability Company)		\bigcirc
	~	5. 4 11/22/2005	25 	
The Articles of Organization for this Limited Liability	Company v	vere filed on	and assimile	,
Florida document number L05000112670	 ,		•	
This amount is submitted to amount the followings				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liabil	ity company here:		
-				
The new name must be distinguishable and end with the words "L	imited Lishil	ity Company " the designation "I I (") or the	ne abbreviation "L.I.C.	
Enter new principal offices address, if applicable:		321 SE 1ST AVE		
(Principal office address MUST BE A STREET ADD	ORESS)	HALLANDALE BEACH, FL	33009	
		201 CE 40T AVE		
Enter new mailing address, if applicable:		321 SE 1ST AVE		
(Mailing address MAY BE A POST OFFICE BOX)		HALLANDALE BEACH, FL	33009	<u>-</u>
B. If amending the registered agent and/or regi	istered off	ice address on our records, enti	er th <u>e name</u> of th	ne new
registered agent and/or the new registered office ad				
Name of New Registered Agent:				
New Registered Office Address: 321	1 SE 1ST	AVE		
		Enter Florida street address		

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 heing 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.

HALLANDALE BEACH

Ciry

If Changing Registered Agent, Signature of New Registered Agent

, Florida <u>3</u>3009

Zip Code

Page 1 of 3

H14000130102 3

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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ABUKASIS, ELIAHU	19900 E COUNTY CLUB DR., UNIT 80	7 □ Add
		AVENTURA, FL 33180	Remove
MGRM	ABUKASIS, ELIAHU	321 SE 1ST AVE	B Add
		HALLANDALE BEACH, FL 3300	9 □ Remove
	<u> </u>		☐ Add
			_ Add
			Rendle
			□ Add □ Remove

If amending any other information, enter	change(s) here: (Attach additional sheets, if necessar,
Thatius data if other than the data of fills	ng:(optional)
The effective date must be specific, cannot be prior to on the date this document is filed by the Florida Department.	date of receipt or filed date and cannot be more than 90 days after
Dated MAY 9	2014
Jared	1 Jan
<u> </u>	a member or authorized representative of a member
ELIAHU ABUKASIS	
ELIAHU ABUKASIS	Typed or printed name of signee

Page 3 of 3

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SECRETARY OF STATE
AND THE SECRETARY OF STATE
SECRETARY OF STATE