

LOG 000024773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

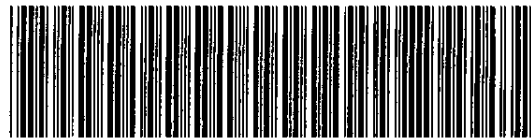
(Business Entity Name)

(Document Number)

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

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2011 APR 18 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

APR 19 2011

EXAMINER

LOG-24773



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 12, 2011

PETER GABRIEL  
12911 BOX DRIVE  
HUDSON, FL 34667

SUBJECT: TWO LOVING BROTHERS LLC.  
Ref. Number: L09000024773

We have received your document for TWO LOVING BROTHERS LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

We are enclosing the proper form(s) with instructions for your convenience.

Section 608.407, Florida Statutes, requires the document(s) to be signed member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 511A00008808

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Two Loving Brothers 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:

PETER GABRIEL  
Name of Person

PASHA Consulting Group  
Firm/Company

12911 Box Drive  
Address

Hudson, FL 34667  
City/State and Zip Code

Peter.Basha@live.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Gabriel at 352 345-9500  
Name of Person Area Code & Daytime Telephone Number

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

TWO LOVING BROTHERS 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 \_\_\_\_\_ and assigned

Florida document number 209000024773

This amendment is submitted to amend the following:

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

TWO LOVING BROTHERS LLC

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)

12911 Box  
Hudson, FL  
34667

2014 APR 8 AM 9:00  
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TALLAHASSEE, FLORIDA  
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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:

Lubna A. Gabriel

New Registered Office Address:

12911 Box Drive

Enter Florida street address

Hudson, Florida 34667  
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.

Lubna A. Gabriel  
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

Title	Name	Address	Type of Action
Mgr	PETER GABRIEL	12911 Box Dr. Hudson, FL 34667	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Mgr	Botros Gabriel	12911 Box Dr. Hudson, FL 34667	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

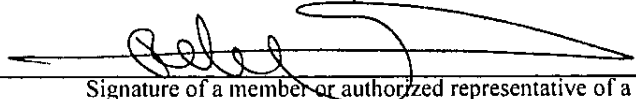
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TALLAHASSEE, FLORIDA

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

FID  
EIN # 27-1062802

Dated 4/15, 2011

  
Signature of a member or authorized representative of a member

Peter Gabriel  
Typed or printed name of sighee