

L 09000038997 ✓

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature

B. BOSTICK
JUN 20 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAAJ AND SONS, 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:

Blaine H. Hibberd, Esq.

Name of Person

Blaine H. Hibberd, P.A.

Firm/Company

612 SE Central Parkway

Address

Stuart, Florida 34994

City/State and Zip Code

pete@hiblaw.com

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

For further information concerning this matter, please call:

Blaine H. Hibberd, Esq.

Name of Person

at (**772**)

600-7646

Area Code & Daytime Telephone Number

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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**

SAAJ AND SONS, 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 04/22/2009 and assigned Florida document number L09000038997.

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)

401 Briny Avenue, Unit 408

Pompano Beach, FL 33062

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

401 Briny Avenue, Unit 408

Pompano Beach, FL 33062

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TALLAHASSEE, FLORIDA

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: Blaine H. Hibberd, P.A.

New Registered Office Address: 612 SE Central Parkway

Enter Florida street address

Stuart

Florida

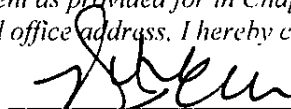
34994

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.



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

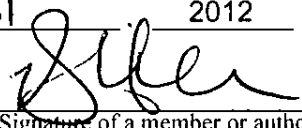
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SHERINE JAOUHAR	3240 NE 11 STREET POMPANO BEACH, FL 33062 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	NADER JAOUHAR	401 Briny Avenue, Unit 408 Pompano Beach, FL 33062	<input checked="" type="checkbox"/> 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FEI/EIN Number: 27-0247931

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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Dated May 26 31 2012



Signature of a member or authorized representative of a member

Blaine H. Hibberd, Esq.

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2012

BLAINE H. HIBBERD, ESQ.
612 SE CENTRAL PARKWAY
STUART, FL 34994

SUBJECT: SAAJ AND SONS, LLC
Ref. Number: L09000038997

We have received your document for SAAJ AND SONS, 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):

The document must be signed by a member or an authorized representative of a member.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 312A00016049