

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

*City*

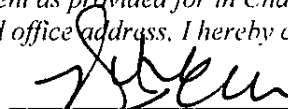
Florida

34994

*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

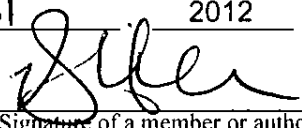
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SHERINE JAOUHAR	3240 NE 11 STREET POMPANNO BEACH FL 33062 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	NADER JAOUHAR	401 Briny Avenue, Unit 408 Pompano Beach, FL 33062	<input checked="" type="checkbox"/> 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  
 12 JUN 18 PM 2:33  
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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