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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

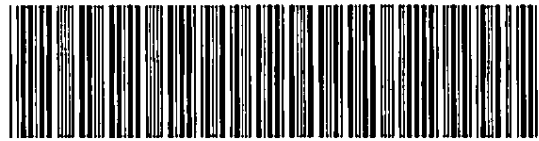
(Business Entity Name)

(Document Number)

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SEP 09 2020
S. YOUNG

SECTION 17
DIVISION OF CORPORATIONS
ALLAH, 925 E. FLORISSA

2020 JUL 22 AM 8:10

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NINE 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:

FARID ABDEL QUADER

Name of Person

Firm/Company

6584 PLANTATION PRESERVE

Address

FORT MYERS FLORIDA 33966

City/State and Zip Code

FL-FL504NIS@AOL.COM

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

For further information concerning this matter, please call:

FARID ABDEL QUADER

239 462-4656
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NINE 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 01/26/2011 and assigned:

Florida document number L11000010561

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 contain 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)

6584 PLANTATION PRESERVE

FORT MYERS, FLORIDA 33966

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6584 PLANTATION PRESERVE

FORT MYERS, FLORIDA 33966

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:

FARID ABDEL QUADER

New Registered Office Address:

6584 PLANTATION PRESERVE

Enter Florida street address

FORT MYERS

Florida 33966

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 605, 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

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2020 JUL 22 AM 8:10
CLERK OF DISTRICT COURT
HALLANDALE BEACH, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ZIYAD ABDEL QUADER	12502 EQUINE LANE	<input type="checkbox"/> Add
		WELLINGTON FLORIDA 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FARID ABDEL QUADER	6584 PLANTATION PRESERVE	<input checked="" type="checkbox"/> Add
		FORT MYERS FLORIDA 33966	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KHADIJA BIJAOUANE	6584 PLANTATION PRESERVE	<input checked="" type="checkbox"/> Add
		FORT MYERS FLORIDA 33966	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JULY 9 2020

Signature of a member or authorized representative of a member

FARID ABDEL QUADER

Typed or printed name of signee

Filing Fee: \$25.00