

L13 00000000 36

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

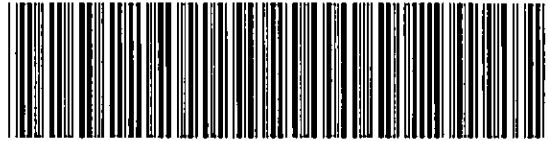
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000335815960

11/18/19--01003--050 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 DEC 27 AM 9:16

FILED

Amend

JAN 06 2020
1 ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FRIENDS BUSINESS ENTERPRISE ONE 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:

DEBRA A. FAULKNER, ESQ.

Name of Person

BURKE FAULKNER LAW, P.A.

Firm/Company

253A PINE AVENUE N.

Address

OLDSMAR, FL 34677

City/State and Zip Code

DEBBIE@BURKEFAULKNERLAW.COM

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

For further information concerning this matter, please call:

DEBRA A. FAULKNER

727

939-4900

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2019

DEBRA A. FAULKER, ESQ.
BURKE FAULKNER LAW PA
253A PINE AVENUE N
OLDSMAR, FL 34677

SUBJECT: FRIENDS BUSINESS ENTERPRISE ONE LLC
Ref. Number: L13000000036

We have received your document for FRIENDS BUSINESS ENTERPRISE ONE 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 519A00025543

FRIENDS BUSINESS ENTERPRISE ONE LLC

The Articles of Organization for this Limited Liability Company were filed on DECEMBER 31, 2012 and assigned Florida document number L130000000036

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)

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:

YASEEN ROWZANI

New Registered Office Address:

4961 CROSS POINTE DRIVE

Enter Florida street address

OLDSMAR

Florida 34677

513

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

• 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 | YASEEN ROWZANI | 4961 CROSS POINTE DRIVE OLDSMAR, FL 34677 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGRM | HUSSAIN ROWZANI | | <input type="checkbox"/> Add |
| | | 4961 CROSS POINTE DRIVE OLDSMAR, FL 34677 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | HUSSAIN ROWZANI | | <input type="checkbox"/> Add |
| | | PO BOX 984 OLDSMAR, FL 34677 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

[illegible]

(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.

Dated December 20, 2019

Typed or printed name of signee