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SECRETARY OF STATE
SECRETARY OF STATE



COVER LETTER

SUBJECT:	A	EB, LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		SAMI ZRIDA		
		Name of Person		
	AEB, LLC			
	Address			
	KISSIMMEE, FLORIDA 34746			
	GO E-mail address: (ration)		
For further information c	oncerning this matter, please c	all:		
SAMI ZRIDA		631 405-0690 at ()		
Name o	f Person	Area Code Daytime T	Felephone Number	
Enclosed is a check for th	ne following amount:		SECRETAR Fee, Certificate of Status &	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional popy is enclosed)	

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

		, LLC		
(Name of the Limit	ted Liability Compa (A Florida Limited l	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L Florida document numberL1300015455	iability Company	11/04/2014	and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designation "LLC" or t	he 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 of registered agent and/or the new registered office address here		2947 VINELAND ROAD		
		KISSIMMEE, FLORIDA 34746		
		2947 VINELAND ROAD KISSIMMEE, FLORIDA 34746 office address on our records, enter the name of the nere:		
Name of New Registered Agent:	SAMI ZRIDA			
New Registered Office Address:	5636 TOMOK		7AL SE	
	ORLANDO	Enter Florida street address, , Florida City	AFE SE STANDARD COMMENT	
New Registered Agent's Signature, if changing I	Registered Agent:		TA TO	
I hereby accept the appointment as registere provisions of all statutes relative to the prop				

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 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>	Type of Action
MGR	ALFRED FELLERATH	2937 TINDALL ACRES ROAD	Add
		KISSIMMEE, FLORIDA 34744	Remove
			Change
MGR	SAMI ZRIDA	2947 VINELAND ROAD	■ Add
		KISSIMMEE, FLORIDA 34746	□ Remove
			Change
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Effective date, if other than the d	ate of filing:		(0	ptional)	
(If an effective date is listed, the date must be Note: If the date inserted in this block has been stated in the second	ck does not meet the	applicable statutor			
document's effective date on the Dep	partment of State's	ecords.			
the record specifies a delayed	effective date. I	out not an effect	tive time, at 12:0	I1 a.m. on the ear	rlier of:
The 90th day after the reco			, a. 12		
		_		2016 SEP SECRET	****
Dated	, 201	5 ·		AR SA	
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2	ighardic of a member	or authorized represe	manye or a member	F S -	D
	(y	SAMI ZRIDA		SEE SEE	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00