

L14 000136738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

JUN 20 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

AJIS, 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:

IBRAHIM SAMARA

Name of Person

AJIS, LLC

Firm/Company

310 MORGAN WAY

Address

KISSIMMEE, FL 34758

City/State and Zip Code

ibrahim.samara@gmail.com

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

For further information concerning this matter, please call:

IBRAHIM SAMARA

Name of Person

at (571) 428-3928

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

AJIS, LLC

ARTIST, LLC

Page 1 of 3

- If attending 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

2019 JUN -3 AM 11:55
SEQUELITY 450 #116
FALLAH, ASHRAF, FLORIDA

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.

(b) The 90th day after the record is filed.

Dated MAY 29, 2019

Signature of a member or authorized representatives of a member

IBRAHIM SAMARA
Typed or printed name of signee