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COVER LETTER

TO: Registratio Division of	n Section Corporations				
SUBJECT: AELU	S LLC Name of Li	mited Liability Company			
The enclosed Article	s of Organization and fee(s) t	are submitted for filing.			
Please return all corr	espondence concerning this n	natter to the following:			
James P.	S. Leshaw	Name of Person			
		Aume of Person		2023	ı I
Leshnw	Law P.A.	Firm/Company		NO.	
		1 Will Company		44.	T 1 2 1 2 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5
240 Crat	idon Boulevard, Suite 248	. 11	· · · · · · · · · · · · · · · · · · ·	- 63 c - 2	2 9
		Address			= 1
Key Bisc	myne, FL 33149			22	<u>.</u>
	(City/State and Zip Code		•	
Jim@Leshawl a	w.com E-mail address: (to be use	ed for future annual report notifies	ation)		
For further information	on concerning this matter, ple	ase call:			
James Leshaw	one of Person	305) 477-1758 Area Code Daytine Te			
144	use of Letzful	Area Code Daytinie se	lephone Number		
Enclosed is a check for	or the following amount:				
S125.00 Filing Fee	□S130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	3)	
	Hing Address	Street/Courier Add	LE??		

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Talluhassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Company lorida document number 1.15000030344	were filed on 02/18/201	5 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
∜/A			
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	on "LEC" or the abbreviation (L.E.C."	
Inter new principal offices address, if applicable:	N/A	23 × 7	
Principal office address MUST BE A STREET ADDRESS)			
Inter new mailing address, if applicable:	N/A	SSET E O	
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent: NA	address on our records	, enter the name of the new registere	
New Registered Office Address:			
	Emer Florida street address		
		, Florida	
	City	Zip Code	
ew Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
iew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agr rovisions of all statutes relative to the proper and complete eccept the obligations of my position as registered agent as	- ree to act in this capaci e performance of my du	ties, and I am familiar with and	

eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added r removed from our records</u>:

AGR = Manager

AMBR = Authorized Member

<u>`itle</u>	<u>Name</u>	Address	Type of Action
MGR	Scott Lasky	3330 NE 34th St Fort Lauderdale, FL 33308	
•			□Remove
			□Change
			2023hove
			SO E
			□ Add 5 □ Remove
			□ Change
 	,		□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change

Address: 3330 NE 34th St F	Fort Lauderdale, FL 333	308			
					
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		•			<u> </u>
					
					
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tive date, if other than the flective date is listed, the date mu	e date of filing: ist be specific and cannot b	be prior to date o	f filing or more than '	(optional 90 days alter filin	l) g.) Pursuant to 605.0
If the date inserted in this benefits effective date on the L	lock does not meet the	applicable stat	utory filing require	ements, this dat	e will not be lister
ord specifies a delayed effecti	ve date, but not an effer	ctive time, at 1	2:01 a.m. on the ea	arlier of: (b) T	he 90th day after
iled.					•
				,	
l <u>October 27</u>	. 2023	<u>.</u> .	Mund		
			Mun	>	

Filing Fee: \$25.00