

L16000020229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

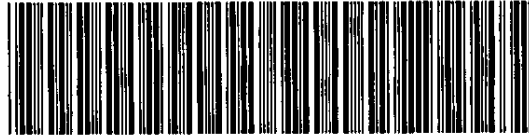
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

RA Sign

Office Use Only



400286937664

06/17/16--01016--012 \*\*25.00

2016 SEP 12 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

K. GALT  
EXAMINER

SEP 14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 20, 2016

2 A USA TRADING LLC  
AHMED M ABDELGAWAD MAHMOUD  
5032 CLAYTON CT.  
ST. AUGUSTINE, FL 32092

SUBJECT: 2 A USA TRADING LLC  
Ref. Number: L16000020229

We have received your document for 2 A USA TRADING 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):

The registered agent must sign accepting the designation.

Please complete the name of the MGR listed in the second space.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 616A00012887

2 A USA TRADING LLC  
5032 CLAYTON CT  
ST AUGUSTINE FL 32092

8/15/2016

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam,

On May 23<sup>rd</sup>, 2016 I submitted Articles of Amendment for the 2 A USA Trading LLC.

Apparently the letter with cover page and attachments did not reach its destination.  
I am re-submitting the amendment to articles of organization and a copy of the check which cleared the bank on 6/17/2016.

Request you help in updating my request with the attached documentation. Thanking you in advance for your king cooperation in this matter.

Sincerely,

Ahmed M Abdelgawad Mahmoud

*Ahmed Abdelgawad.*

2016 SEP 12 PM 4:20  
FALL/HAUSFELD

KS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 2 A USA TRADING 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:

AHMED M ABMELGAWAD MAHMOUD

\_\_\_\_\_  
Name of Person

2 A USA TRADING LLC

\_\_\_\_\_  
Firm/Company

5032 CLAYTON CT

\_\_\_\_\_  
Address

ST AUGUSTINE, FL 32092

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

AHMED M ABDELGAWAD MAHMOUD

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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

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

2 A USA TRADING LLC

(Name of the Limited Liability Company as it now appears on our records,  
(A Florida Limited Liability Company)

FILED  
2016 SEP 12 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/28/2016 and assigned  
Florida document number L16000020229.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

2 A USA TRADING LLC

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: AHMED M ABDELGAWAD MAHMOUD

New Registered Office Address: 5032 CLAYTON CT

*Enter Florida street address*

ST AUGUSTINE, Florida 32092

*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.*

Ahmed Abdelgawad  
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	AZZA H ABOULNAGA	5032 CLAYTON CT	<input type="checkbox"/> Add
		ST AUGUSTINE FL 32092	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AHMED M ABDELGAWAD MA	5032 CLAYTON CT	<input type="checkbox"/> Add
		ST AUGUSTINE FL 32092	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
206 SEP 12 PM 4:51  
TALLAHASSEE FLORIDA

2016 SEP 1  
SECRETARY OF FLORIDA  
PAUL W. HARGREAVE

FILED  
2016 SEP 12 PM 4:58  
RECORDS & COMM. DIV.  
TALLAHASSEE, FLORIDA

(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 MAY 23RD, 2016

Ahmed Abdelgawad  
Signature of a member or authorized representative of a member

Typed or printed name of signee