## 116000207715

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## **COVER LETTER**

Division of Co			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	IBRAHIM IBRAHIM		
	I & T BROS LLC	Name of Person	
	9050 KIMBERLY BLVD SU	Firm/Company JITE 70-71	
	BOCA RATON FL,33434	Address	
	MUDHARALRAW@OUTLO	City/State and Zip Code DOK.COM	
For futher information c	E-mail address: (concerning this matter, please e	to be used for future annual report notif all:	ication)
IBRAHIM IBRAHIM		561 9906731	
Name (	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section

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

I & T BROS LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our rec Liability Company)	ords.)
he Articles of Organization for this Limited Liability Company were filed on 11/03/2016  lorida document number L16000207715		and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
te new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	SAME	<u></u>
Principal office address MUST BE A STREET ADDRESS)		
		(0)
iter new mailing address, if applicable:	SAME	TK ,
failing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
. If amending the registered agent and/or registered or gistered agent and/or the new registered office address her		ords, enter the name of the
governo agent and/or the new registered office address ner	Σ.	
Name of New Registered Agent:		~-·
New Registered Office Address:		
	Enter Florida street ad	dress
	·	Florida
	City	Zw 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> ALHEETI, AMMAR	Address 9050 KIMBERLY BLVD SUITE	Type of Action
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ffective date, if other than the date of an effective date is listed, the date must be spectore:  If the date inserted in this block do document's effective date on the Departm	cific and canno es not meet th	t be prior to da le applicable			_ (option:	al)		
Author Scheenve date on the Departm	em or mac s	records.						
e record specifies a delayed effec The 90th day after the record is		but not ar	n effective	time, at 1	2:01 a.n	າ. on th	ne earl	ier o
rated 11-14-2018								
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00