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## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT: AT	AND BUIT LL	د	
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	•	
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	AVRHAM -	Name of Person	
	AT DND BU	Firm Company	
	3897 CAR	JATTUN (SR Address	<u>S</u>
	Pain BEACH	City/State and Zip Code  Com CaSt. net to be used for future annual report noti	33410
	tawilala C. E-mail address:	com cast, net	fication)
For further information of	concerning this matter, please co		
A VOAAM Name o	YU TU of Person	at ( <u>561</u> ) <u>319. –</u> Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
<b>№</b> \$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 Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

But Lucian Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on O = 2417 and assigned Florida document number L17000156986. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: New Registered Office Address:

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Action
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d)	ah Y.C	ember or authorized rep			



OGDEN UT 84201-0038

In reply refer to: 044098932 Sep. 22, 2017 LTR 147C 0 82-2248983 000000 00

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BODC: SB

AT & BWT LLC

AVRHAM TAWIL MBR

3897 CARNATION CIR S

PALM BCH GDNS FL 33410-5635



004191

Employer identification number: 82-2248983

Dear Taxpayer:

Thank you for your call of Sep. 13, 2017.

Your employer identification number (EIN) is 82-2248983. Please keep this letter in your permanent records. Enter your name and EIN on all federal business tax returns and on related correspondence.

You can get any of the forms or publications mentioned in this letter by calling 800-TAX-FORM (800-829-3676) or visiting our website at www.irs.gov/forms-pubs.

If you have questions, you can call us at 800-829-0115.

If you prefer, you can write to us at the address at the top of the first page of this letter.

When you write, include this letter and provide in the spaces below, your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

<b>-</b>		,	•	Hours
Telephone	number	(	)	nours

Sincerely yours,

Ginni L. Redfern

Program Manager, AM OPS 1

Enclosures: Copy of this letter