## 118000211185

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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
		OLESALE LIQUIDATIONS.	LLC.	
SUBJI	ECT:	Name of Limi	ited Liability Company	<del>-</del>
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		HASSAN ELKAOUSSI		
			Name of Person	
		A.H.M WHOLESALE LIC	QUIDATIONS, LLC.	
			Firm/Company	
		2410 SMITH STREET		
			Address	<del> </del>
		KISSIMMEE, FL 34744		
		<del></del>	City/State and Zip Code	
		lemsari@comcast.net		
		E-mail address: (	to be used for future annual report noti-	fication)
For fur	ther information co	oncerning this matter, please co	ill:	
HASS	AN ELKAOUSSI		407 807-4907	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for th	e following amount:		
<b>≘</b> \$2	5.00 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 ARTICLES OF ORGANIZATION **OF**



AJEM WHOLESALE LIQUIDATIONS, LLC.

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

The Articles of Organization for this Limited Liability Co	ompany were filed on 09/05/2018	and assigned
Florida document number L18000211185	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		nter the name of the new
Name of New Registered Agent: N/A		
New Registered Office Address:	-	
New Registered Office Address:	Enter Florida street address	
	Florid	
	City , Florid	aZip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I have by account the approjuturant as weater wat around	and commenter out to this commenter of the out-	

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 smending 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>	Address	Type of Action
MGR	Abderrahim Bouchaala	5012 College Drive, Orlando FL 32811	Add
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			☐ Change
			Add
			Remove
			CARnge F
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ective date, if other than the	10/24/2 date of filing:	018	(onti	onal)
reffective date is listed, the date mus	st be specific and cannot be r	prior to date of filing o	or more than 90 days after	filing.) Pursuant to 605.020
te: If the date inserted in this ble cument's effective date on the D			thing requirements, thi	s date will not be listed a
record specifies a delayed		not an effectiv	e time, at 12:01 a	a.m. on the earlier o
he 90th day after the rec	ord is filed.			
October 24	2018			
ted	··	· ·		
4/2	Signature of a member or a			
	WORKE TRIVE	40.70	die o af a mambag	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00