

L19000039883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

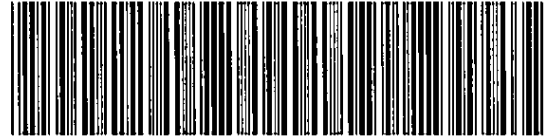
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/03/21--01016--004 **25.00

2021 JUL 3 PM 2:11
U.S. DEPARTMENT OF THE TREASURY
INTERNAL SECURITY

A handwritten signature in black ink, appearing to be 'W. S. ...'.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Aljazrawi Marketing 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:

John Al-Jazrawi
Name of Person
Firm/Company
440 S Villa San Marco Dr Unit 203
Address
St Augustine, FL 32086
City/State and Zip Code
jaljazrawi@gmail.com
E-mail address: (to be used for future annual report notification)

2021 JUN-3 01:2:11

For further information concerning this matter, please call:

John Al-Jazrawi at (301) 832-2606
Name of Person 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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

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

Aljazrawi Marketing 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 Company were filed on 02/02/2021 and assigned Florida document number L1900039883.

This amendment is submitted to amend the following:

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

Custom Coverage Solutions 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)

325 SW Ray Ave
Port St Lucie, FL 34983

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

325 SW Ray Ave
Port St Lucie, FL 34983

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:

Same agent, different address

New Registered Office Address:

325 SW Ray AVE

Enter Florida street address

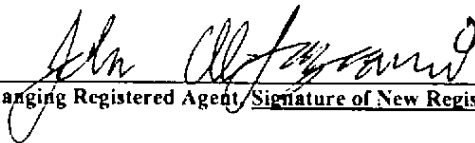
Port St Lucie
City

Florida

34983
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.



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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

IF "Custom Coverage Solutions LLC" is unavailable,
I would like "Customized Coverage
Solutions LLC" please.

E. Effective date, if other than the date of filing: _____ **(optional)**

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated May 27, 2021.



Signature of a member or authorized representative of a member

John Al-Jazrawi

Typed or printed name of signee