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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAiL
(B	usiness Entity Nar	ne)
(D	ocument Number)	
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
/ / P		BROTHERS TRADING L.L.C.		
SUBJE	CT:	Name of Limit	ed Liability Company	
The en	closed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please	return all correspor	ndence concerning this matter to	o the following:	
		FARHOUD, NIDAL		
			Name of Person	<del></del>
		JAMAL & BROTHERS TE	RADING L.L.C.	
		<u> </u>	Firm/Company	
		4200 15TH AVE S		
			Address	
		ST.PETE, FL 33711		
			City/State and Zip Code	<del>-</del>
		E-mail address: (to	o be used for future annual report notifica-	ation)
For fur	ther information co	oncerning this matter, please ca	П:	
FARI	IOUD, NIDAL		813 495-7414	
•	Name of	Person	at () Area Code Daytime T	Celephone Number
Enclos	ed is a check for th	e following amount:		
\$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 TO ARTICLES OF ORGANIZATION OF

JAMAL & BROTHERS TRADING L.L.C. (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  $\frac{07/30/2019}{1}$ and assigned Florida document number \_\_\_\_\_19000184584 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: n/a 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: n/a Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_

## 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.

City

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>	Type of Action
AMBR	JAMAL, FARHOUD	4200 15TH AVE S	Add
		ST.PETE, FL 33711	■ Remove
			Change
AMBR	FARHOUD, NIDAL	4200 15TH AVE S	
		ST.PETE, FL 33711	Remove
			Change
			Add
			□ Remove
			Change
		<del></del>	
		<del></del>	☐ Remove
			Change
			Remove
		<del></del>	☐ Change
	<del></del>		Add
			□ Remove
			□ Change

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Note:	ive date, if other than the date of filing:
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	05/05 2013
	Signature of a member or authorized representative of a member  WIDAL Farhous  Typed or printed name of signee

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Filing Fee: \$25.00