

L20 0000 2766Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

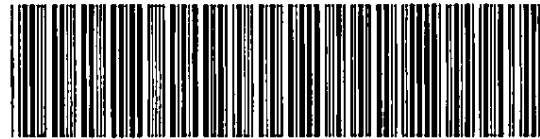
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2020 AUG 28 AM 11:49

FILED

AUG 31 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WELLINGTON T-SHIRT STATION STORES 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:

ABDELRAHMAN ABOUELFATH

Name of Person

WELLINGTON T-SHIRT STATION STORES

Firm/Company

10300 FOREST HILL BLVD SUITE 209

Address

WELLINGTON, FL 33414

City/State and Zip Code

customurown@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HOSSAM MEKKAWI

at (786) 637-4074

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
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

WELLINGTON T-SHIRT STATION STORES 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 1/22/2020 and assigned
Florida document number L20000027662.

This amendment is submitted to amend the following:

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

CUSTOMIZE PRO 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**)

10300 FOREST HILL BLVD SUIT 209

WELLINGTON, FL 33414

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

10300 FOREST HILL BLVD SUIT 209

WELLINGTON, FL 33414

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:

HOSSAM MEKKAWI

New Registered Office Address:

2204 MAHOGANY DRIVE

Enter Florida street address

BOYNTON BEACH


City

Florida 33436

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>
OWNER	ABDELRAHMAN ABOUELI'ATI	6922 69TH WAY	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
OWNER	MOSTAFA HUSSEIN	6618 RACQUET CLUB DR	<input type="checkbox"/> Add
		LAUDERHILL, FL 33319	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2020 AUG 28 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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 AUGUST 21, 2020

Signature of a member or authorized representative of a member

ABDELRAHMAN ABOUELFATH

Typed or printed name of signee

Filing Fee: \$25.00