

L200000 72001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

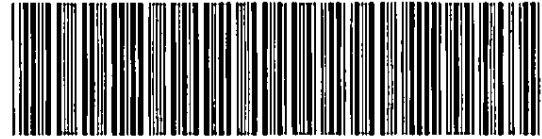
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600346365186

06/17/20--01000 -024 \*\*25.00

2020 JUN 17 AM 8:10

*Amend*

JUL 30 2020

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNITED BROTHERS INVESTMENTS 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:

FOUAD S. NAIME
Name of Person
UNITED BROTHERS INVESTMENTS LLC
Firm/Company
7319 WETHERSFIELD DR
Address
ORLANDO - FL 32819
City/State and Zip Code
FNYS4@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FOUAD S. NAIME 407 749-8366
Name of Person at ( ) 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**

UNITED BROTHERS INVESTMENTS 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 03-04-2020 and assigned  
Florida document number L20000072001.

2020 APR 17 11 18 AM  
STATE OF FLORIDA  
SECRETARY OF STATE

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)*

7319 WETHERSFIELD DR  
ORLANDO - FLORIDA 32819

Enter new mailing address, if applicable:  
*(Mailing address MAY BE A POST OFFICE BOX)*

7319 WETHERSFIELD DR  
ORLANDO - FLORIDA 32819

**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: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*City*

*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>
MGR	FOUAD S. NAIME	2588 NOUVEAU WAY	<input type="checkbox"/> Add
		KISSIMMEE - FL 34741	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TAREK S. NAIME	2588 NOUVEAU WAY	<input type="checkbox"/> Add
		KISSIMMEE - FL 34741	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FOUAD S. NAIME	7319 WETHERSFIELD DR	<input checked="" type="checkbox"/> Add
		ORLANDO - FLORIDA 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

