LZDDDD141366					
(Requestor's Name) (Address) (Address)	400392402354				
(City/State/Zip/Phone #)					
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	11_77. 2022 SEP 12 PH 3: 2 ALLANASSEE FLORI				
Special Instructions to Filing Officer:					
QIV Office Use Only					

SEP 1 4 2022 S. PRATHE



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2022

PESETSKY & ZACK, P.A. 12550 BISCAYNE BLVD., SUITE 800 NORTH MIAMI, FL 33181

SUBJECT: GENERAL COMPONENT CENTER LLC Ref. Number: W22000111815

We have received your document for GENERAL COMPONENT CENTER LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III

Letter Number: 022A00019477

AH 11:22 NECT TOPY 322 SEP 12

www.sunbiz.org

LAW OFFICES PESETSKY & ZACK P.A.

٠

.

ELLIOTT NOEL ZACK EMAIL: <u>enzack@aol.com</u>

· · · ·

12550 Biscayne Blvd., Suite 800 North Miami, FL 33181 TELEPHONE: (305) 940-0023 FAX: (305) 787-8338

September 7, 2022

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Document Number L20000141366

Dear Sir/Madam:

We are resubmitting the Articles of Amendment to Articles of Organization of 3 A Café LLC, which was previously submitted June 13, 2022.

Also, enclosed is an additional check payable to the Florida Department of State in the amount of \$25.00.

Very truly yours,

PESETSKY & ZACK, P.A.

Elliott Noel Zack

ENZ/glk Encls.

ART	FICLES OF AN	IENDMENT		
	ТО			
ARTI	ICLES OF OR	GANIZATION		14. 202
	OF			LI X S
				EP
	A CAFE LLC	it now appours on our	records)	
(<u>Aame of the Linkin</u>	e <mark>d Liability Company a</mark> (A Florida Limited Liabi	ity Company)	<u>r (() ().</u>)	P.
			12020	HALLAHASSEE, MUSSION
The Articles of Organization for this Limited Li	ability Company wer	e filed on	12020	
Florida document number <u>L20000141366</u>	·			
This amendment is submitted to amend the folle	owing:			
A. If amending name, <u>enter the new name of</u>	the limited liability	company here:		
GENERAL COMPONENT CENTE	R LLC			
The new name must be distinguishable and contain the w	ords "Limited Liability C	ompany," the designation	n "ELC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>		· · · · · · · · · · · · · · · · · · ·	
	_			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	ROV)			
thanng utarts mar br. Artosi Origica i				
	—			
B. If amending the registered agent and/or re	egistered office addr	ess on our records.	enter the nam	e of the new registered
agent and/or the new registered office addres				
Name of New Registered Agent:	GAL LEVY			
New Registered Office Address:	3731 N. COL	JNTRY CLUB DR.,	#1624	
New Registered Office Address.		Enter Florida street		
	ለ ህርጉነጦበ በን ለ		, Florida	22180
	AVENTURA	Ciny	_, , , , , , , , , , , , , , , , , , ,	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

٠

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.

Gal Large If Changing Registered Agen Lignature 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:

•

٠

.

.

.

MGR = Manager AMBR = Authorized Member

•

.

.

Title	Name	Address	<u>Type of Action</u>
MGR AMBR	GAL LEVY	3731 N. Country Club Dr., #1624	🖌 Add
		Aventura, FL 33180	🖾 Remove
NOD			🗌 Change
MGR AMBR	ALBERT LEVY, SR.	3731 N. Country Club Dr., #1624	□ Add
		Aventrua, FL 33180	Remove
			🖾 Change
			🗋 Add
			Remove
			Change
			[]Add
			Remove
			🖾 Change
			🖸 Add
			🗆 Remove
			🗆 Change
			🗆 Add
			□Remove
			[] Change

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

······································

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 inverted is this block does not must the applicable statutory filing requirements, this date will not be listed as the

<u>Note:</u> 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. $\overrightarrow{F_{+}}$ \overrightarrow{R}

Dated JUNE 8 3922 2022	5	SEP	<u>.</u> 1
thit		2 P	- 何 つ
Signature of a member or authorized representative of a member	CT02.2	≖ ب	
ALBERT LEVY, SR.,		20	
Typed or printed name of signee			

Filing Fee: \$25.00