

LZ1 0000009948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

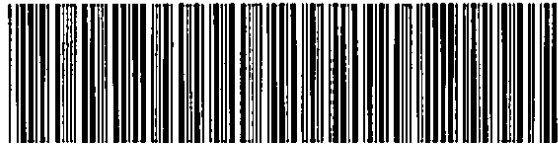
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SECRETARY OF STATE
TALLAHASSEE, FL

3/9/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALEXANDRIA BROTHERS 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:

DIANE E THOMPSON
Name of Person
DIANE E THOMPSON TAX PREP & ACCOUNTING LLC
Firm/Company
900 LAMBIANCE CIR APT 202
Address
NAPLES FL 34108
City/State and Zip Code
CPATHOMPSON3@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

ASHRAF A FAWZY 239 272-2344
at ()
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**

ALEXANDRIA BROTHERS 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 DECEMBER 31, 2020 and assigned
Florida document number L21000009948.

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

1569 BIRDIE DR.

NAPLES FL 34120

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

1569 BIRDIE DR.

NAPLES FL 34120

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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:

ASHRAF A FAWZY (SAME AS BEFORE)

New Registered Office Address:

1569 BIRDIE DR

Enter Florida street address

NAPLES

City

Florida 34120

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:

IGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ABIR M ADAM	7 WINDHAVEN CT	<input checked="" type="checkbox"/> Add
		MONROE TWP , NJ 08831	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ASHRAF A FAWZY	1569 BIRDIE DR	<input checked="" type="checkbox"/> Add
		NAPLES FL 34120	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

PLEASE NOTE, THE ORIGINAL SUBMISSION HAD " LANE" IN THE ADDRESS. PLEASE
CHANGE" LANE " TO "DR" THE MAILING ADDRSS ET AL SHOULD BE BIRDIE DR.

ASHRAF FAWZY IS NOT ONLY THE MANAGER BUT HE IS ALSO ONE OF THE PRINCIPALS
OWNING THIS BUSINESS. PLEASE LIST HIM AS AMBR AS WELL AS MANAGER. HE WILL BE
FILLING BOTH ROLES.

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TALLAHASSEE, FL

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 JANUARY 20, 2021



Signature of a member or authorized representative of a member

ASHRAF A FAWZY MGR

Typed or printed name of signee