(Requestor's Name)	
(Address)	500362417225
(Address)  (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	03/25/2101010015 **25.08
(Document Number)	
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## COVER LETTER

TO: Registration S Division of Co	ection rporations			
	port & Export, LLC			
SUBJECT:	SUBJECT:Name of Limited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Adel Ali			
		Name of Person		
	A Plus Import & Export, L	LC		
		Firm/Company		
	8904 Sunset Blvd			
	-	Address	<del></del>	
	Orlando, Florida 32836			
		City/State and Zip Code		
	adel791@aol.com	to be used for future annual report notification)		
For further information	concerning this matter, please c			
Adel Ali		407 301-0806		
Name	of Person	at () Area Code Daytime Telephor	ne 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)	'D
Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street,	ns see P	コニアし

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A rius import & Export, LLC		
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	n dar records.)
The Articles of Organization for this Limited Liability Company Florida document number L21000024200	were filed on 01/11	/2021 and assigned
rionda document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here	:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the desi	gnation "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:	973 SR 436	
(Mailing address MAY BE A POST OFFICE BOX)	Casselberry, Florie	la 32707
**************************************		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our reco	ords, enter the name of the new registered
New Registered Office Address:	Enter Florida	street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of m provided for in Ch e address, I hereby	y duties, and I am familiar with and upter 605, F.S. Or, if this document is confirm that the limited liability
If Cha	nging 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>	Address	Type of Action
AMBR	Mohamed Omran	945 Enclair St.	<b>≡</b> Add
		Orlando, Florida 32828	□Remove
			□Change
AMBR	Lobna Hussien	945 Enclair St.	■Add
		Orlando, Florida 32828	□Remove
			☐ Change
			□Add
		<del> </del>	□Remove
			□Change
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fective date, if other than the	date of filing:		(optional)	
in effective date is listed, the date mus <u>ste:</u> If the date inserted in this blo	t be specific and cannot be prior ock does not meet the applic	to date of filing or more than 9 table statutory filing require:	0 days after filing.) Pursuant I	to 605.026
cument's effective date on the De	epartment of State's records		ments, this date will not b	c nstog a
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ecord specifies a delayed effective	e date, but not an effective t	ime, at 12:01 a.m. on the ear		
is filed.		(-)	MAR	1
March 13	2021		25	
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	Signature of a member or auth	orized representative of a memi	· · · · · · · · · · · · · · · · · · ·	

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Filing Fee: \$25.00