(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	<u></u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/4/2021

NAME: A2Z EXPORT LLC

TYPE OF FILING: AMENDMENT

COST: 35:00----25

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2021

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: A2Z EXPORT LLC Ref. Number: L21000393409

We have received your document for A2Z EXPORT LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 821A00024092

please keep original file dente

Thank you.

COVER LETTER

TO: Registration So Division of Cor			
A2Z EXPO			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	AHMAD ZAYOUN		
		Name of Person	
	A2Z EXPORT LLC		
		Firm/Company	
	1717 N BAYSHORE DRI	VE APT. 1550	
		Address	
	MIAMI, FL 33132		
		City/State and Zip Code	
	AHMAD.ZAYOUN@GM/	AIL.COM to be used for filture annual report notif	(ication)
For further information c	oncerning this matter, please c	•	,
AHMAD ZAYOUN		786 575-3047	
Name o	f Person		t Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Core	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A2Z EXPORT LLC					
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000393409</u> .	were filed on 09/02/2021	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1717 N BAYSHORE DRIVE				
Principal office address MUST BE A STREET ADDRESS)	SUITE 213				
	MIAMI, FL 33132				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
		2021			
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regist			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address	STATE			
		da			
· · · · · · · · · · · · · · · · · · ·	City , 1 Total	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 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
			□Add
			[]Remove
			□Change
			DAdd
			Remove
			[]Change
			CJAdd
		· · · · · · · · · · · · · · · · · · ·	[]Remove
			□Change
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			Remove
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Effective date, if other than the an effective date is listed, the date muote: If the date inserted in this bocument's effective date on the E	st be specific and cannot be plock does not meet the app	rior to date of filing or mor dicable statutory filing	(optional) e than 90 days after filing.) Pursu requirements, this date will no	ant to 605.0207 (ot he listed as t
record specifies a delayed effecti lis filed.	ve date, but not an effectiv	e time, at 12:01 a.m. on	the earlier of: (b) The 90th	day after the
OCTOBER 6	2021			
A/AU	 U	<u></u> .		
, 10/-	<u>~ </u>	_r _r; ,		
	Signature of a member or a	uthorized representative of	a member	

Filing Fee: \$25.00