

L21000393409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

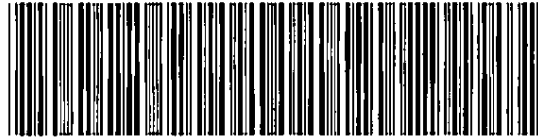
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500374262645

FILED

2021 OCT -4 AM 10:17

CLERK OF STATE
TALLAHASSEE, FL

RECEIVED

2021 OCT -4 PM 2:01

CLERK OF STATE
TALLAHASSEE, FLORIDA

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: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

a Hodge



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2021

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: A2Z EXPORT LLC
Ref. Number: L21000393409

RECEIVED
2021 OCT -6 PM 2:08
TALLAHASSEE, FL

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 date

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A2Z EXPORT 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:

AHMAD ZAYOUN

Name of Person

A2Z EXPORT LLC

Firm/Company

1717 N BAYSHORE DRIVE APT. 1550

Address

MIAMI, FL 33132

City/State and Zip Code

AHMAD.ZAYOUN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AHMAD ZAYOUN

786 575-3047
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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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[illegible]

(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)

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.

ASAKU
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00