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COVER LETTER

TO:

Registration Section
Division of Corporations

R & M HAJJAJI BROTHERS LLC SUBJECT: 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: ZENA VELIC Name of Person ACCOUNTING AT ALL COST INC Firm/Company 1551 GLENGARRY RD Address **JACKSONVILLE, FLORIDA 32207** City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ZENA VELIC Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **≅** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION OF 2000 MAD 84 MAD 84

2022 MAR 24 AM 6: 30

R & M HAJJAJI BROTHERS LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears behaving the Company)

The Articles of Organization for this Limited Liab		d on 12/14/2021	and assigned
Florida document number L21000527354			
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability com	pany here:	
The new name must be distinguishable and contain the work	ds "Limited Liability Compar	ny," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
		·	
B. If amending the registered agent and/or reg agent and/or the new registered office address		on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	•	Enter Florida street address	
	City	, Flor	ida Zip Code
	Cuy		esp cose

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
MGR	MAHER HAJJAJI	4435 TOUCHTON RD E # 504	≅Add
		JACKSONVILLE, FL 32246	□ Remove
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cument's effective da	te on the Department of	State's records.			
ecord specifies a delay	yed effective date, but n	ot an effective time, at 12	2:01 a.m. on the ear	lier of: (b) The 90th day	after ti
is filed.					
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