## L22000093697

| (Requ                      | uestor's Name)  |             |
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| PICK-UP                    | ☐ WAIT          | MAIL        |
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| (Busi                      | ness Entity Nar | ne)         |
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|                            |                 |             |
| Certified Copies           | Certificates    | s of Status |
|                            |                 |             |
| Special Instructions to Fi | ling Officer    |             |
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Office Use Only

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## **COVER LETTER**

| TO: Registration So<br>Division of Con |  |   |  |
|--|--|---|--|
| D2B INVE                               | STMENTS LLC                                  |   |  |
| 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:   |  |
|  | PETE JABBOUR, MST                            |   |  |
|  |  | Name of Person  |  |
|  | JABBOUR & ASSOCIAT                           | TES   |  |
|  |  | Firm/Company  |  |
|  | 9142 MIDDLEBELT RAI                          | D   | , 55<br>53   |
|  |  | Address   |  |
|  | LIVONIA, MI 48150                            |   | · 19   |
|  |  | City/State and Zip Code   |  |
|  | COACH2X@YAHOO.CO                             |   | · · ·  |
|  | E-mail address: (                            | to be used for future annual report noti-                           | ••   |
| For further information of             | oncerning this matter, please o              | all:  | <u>က</u>   |
| PETE JABBOUR                           |  | 734 427-7100<br>at ( )  |  |
| Name o                                 | f Person                                     | Area Code Daytim  | e 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 Registration S          |  | Street Address:<br>Registration Sec                                 | rtion  |
| Division of C                          |  | Division of Con   |  |
| P.O. Box 632                           | .7 ·   | The Centre of T   |  |
| Tallahassee, 1                         | FL 32314                                     | 2415 N. Monroe  | e Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa<br>(A Florida Limited   | iny as it now appears on our records.)<br>Liability Company) |                         |
|--|--|-------------------------|
| he Articles of Organization for this Limited Liability Company   | were filed on FEBRUARY 16, 2022                              | and assigned            |
| orida document number L22000093697   |  |                         |
| his amendment is submitted to amend the following:   |  |                         |
| If amonding some gates the consumer of the Bestellish  |  |                         |
| . If amending name, enter the new name of the limited liab   | olity company here:  |                         |
| ne new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC" or th                   | e abbreviation "L.L.C." |
| nter new principal offices address, if applicable:   | 5025 BRICKWOOD RISE DR                                       | 27.06                   |
| rincipal office address MUST BE A STREET ADDRESS)  | WIMAUMA, FL 33598  |                         |
| incipal office address MOST BLASTNELL ADDRESS)   |  | 122                     |
|  |  | ••••                    |
| nter new mailing address, if applicable:   | 23524 FENKELL  | . ~                     |
| Aailing address MAY BE A POST OFFICE BOX)  | DETROIT, MI 48223  | <u> </u>                |
|  |  |                         |
|  |  |                         |
| . If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the n</u>                   | ame of the new regist   |
|  |  |                         |
| Name of New Registered Agent:  | 7-m  |                         |
| New Registered Office Address: 5707 BADINI   | WAY  |                         |
|  | Enter Florida street address                                 |                         |

## 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.

Cay

**PALMETTO** 

, Florida 34221 Zip Code 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>     | Type of Action |
|------------------|--------------|--------------------|----------------|
| MGR BASEL ABUNAB | BASEL ABUNAB | 5707 BADINI WAY    | <b>≣</b> Add   |
|                  |              | PALMETTO, FL 34221 | □Remove        |
|                  |              |                    | □Change        |
| AMBR             | BASEL ABUNAB | 5707 BADINI WAY    | <b>≣</b> Add   |
|                  |              | PALMETTO, FL 34221 |                |
|                  |              |                    | □ Chainge      |
|                  |              |                    | □Add           |
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|                  |              |                    | □ Change       |

| •  | nange(s) here: (Attach additional sheets, if necessary.)  |
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| Effective date, if other than the date of filing if an effective date is listed, the date must be specific and Note: If the date inserted in this block does not m document's effective date on the Department of St | cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 neet the applicable statutory filing requirements, this date will not be listed tate's records. |
| ne record specifies a delayed effective date, but not ord is filed.  | an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t  |
| Dated DECEMBER 8   | 2022  |
|  |   |
| Signature of a n   | nember or authorized representative of a member   |
| BASEL ABUNAB   |   |
|  | Typed or printed name of signee   |

Filing Fee: \$25.00