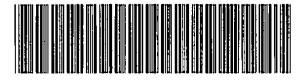
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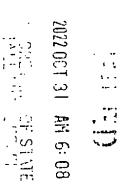
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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A. BUTLER
JAN 2 3 2023

COVER LETTER

| FO: Registration of | n Section Corporations | | |
|-------------------------|--|--|---|
| AESH I | Real Estate LLC | • | |
| SUBJECT: | | | · |
| | Name of Lin | nited Liability Company | |
| he enclosed Articles | of Amendment and fec(s) are sub | omitted for filing. | |
| Please return all corre | espondence concerning this matter | to the following: | |
| | Ghebreselassie, Saba | | |
| | ANGUN ANG ANG | Name of Person | |
| | AESH Real Estate LLC | | |
| | 3105 E Banister Rd | Firm/Company | |
| | | Address | |
| | St. Augustine, FL 32092 | | |
| | saba2lola53@gmail.com | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notifical | tion) |
| or further informatio | n concerning this matter, please c | all: | |
| aba Ghebreselassie | · | 814 934-6796 | |
| Nan | e of Person | Area Code Daytime Te | elephone Number |
| nclosed is a check fo | or 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) |
| P.O. Box 6 | n Section Corporations | Street Address: Registration Section Division of Corpor The Centre of Tall 2415 N. Monroe S Tallahassee, FL 32 | rations ahassee treet, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AESH Real Estate LLC

| (Name of the Limited Liability Compa (A Florida Limited | any as it now appears on tout the bords 1 AH 6: 09 Liability Company) | |
|---|---|--|
| he Articles of Organization for this Limited Liability Company lorida document number | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited liab | oility company here: | |
| ne new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." | |
| nter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u> | 3105 E Banister Rd | |
| | St. Augustine, FL 32092 | |
| | (fixed for spelling) | |
| nter new mailing address, if applicable: | 3105 E Banister Rd | |
| • | St. Augustine, FL 32092 | |
| <u> 1 ailing address MAY BE A POST OFFICE BOX</u> | (fixed for spelling) | |
| Name of New Registered Agent: | address on our records, enter the name of the new registered | |
| New Registered Office Address: | Enter Florida street address | |

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

City

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> Fitle</u> | Name | <u>Address</u> | Type of Action |
|---------------|----------------------|-------------------------|----------------|
| MGR | Ghebreselassie, Saba | 3105 E Banister Rd | |
| | | | ■Add |
| | | St. Augustine, FL 32092 | 5 0 |
| | | | □Remove |
| | | | □Change |
| мGR | Ghebre, Hailemicael | 3105 E Banister Rd | |
| | | | □Add |
| | | St. Augustine, FL 32092 | - |
| | | | ■Remove |
| | | | □Change |
| AMBR | Ghebre, Hailemicael | 3105 E Banister Rd | _ |
| | | | = Add |
| | | St. Augustine, FL 32092 | 5. |
| | | | □Remove |
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| | | | □Change |

| rica | se fix current registered agent name & address on record (for spelling); see below | |
|-----------------------------|---|--------------------|
| Ghe | breselassie, Saba | |
| 310 | 5 E Banister Rd | |
| St. A | augustine, FL 32092 | |
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| reffecti <u>te:</u> If t | date, if other than the date of filing: |)207 (3 1 as th |
| cord sp Filed. | becifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after | the |
| ed | Signature of a member or authorized representative of a member | |

DIE . . P. . COE A

IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is AESH. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records. CP 575 B (Rev. 7-2007) _____

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 09-21-2022 EMPLOYER IDENTIFICATION NUMBER: 92-0409880) NOBOD FORM: SS-4

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 AESH REAL ESTATE LLC SABA GHEBRESELASSIE MBR 3105 E BANISTER RD ST AUGUSTINE, FL 32092