

L22000492007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

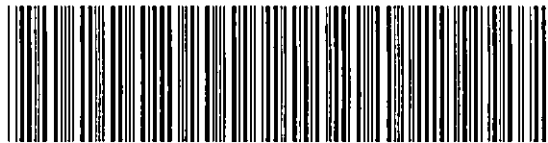
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 SEP -4 AM 11:47

CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 SEP -4 AM 8:55

CLERK OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

Please use funds from account: I20210000160: \$ 25.00

Authorization Signature: 

Business Name: AMASONS APPLIANCES LLC

Document # L22000492007

 Certified Copy

 Certificate of Status

NEW FILINGS

&

AMENDMENTS

 Profit Corp

 Not for Profit

 Limited Liability

 Domestication

 LLLP

 Corp

 Inc

 Other

 X Amendment

 Resignation / Dissociation

 Change of Registered Agent

 Dissolution for LLC

 Merger

 Articles of Conversion

 Amended & Restated Articles of Incorporation

 Statement of Authority

APOSTILLE(s)

&

OTHER FILINGS

 Apostille(s)

 Country(s)

 Foreign Filing

 Reinstatement

 Qualification

 Fictitious Name

 Annual Report

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMASONS APPLIANCES 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:

RAIHIDA NASSR

Name of Person

AMASONS APPLIANCES LLC

Firm/Company

3000 SEAVIEW CASTLE DR

Address

KISSIMMEE FL 34746

City/State and Zip Code

info@amazonasservices.org

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

For further information concerning this matter, please call:

RAIHIDA NASSR II

Name of Person

267

at ()

Area Code

4761781

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2024 SEP -4 AM 11:47

Amazons Appliances LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/17/2022 and assigned
Florida document number L22000492007.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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 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>
AMBR	SAMIR N NASSER HLAL	3000 SEAVIEW CASTLE DR	<input checked="" type="checkbox"/> Add
		KISSIMMEE FL 34746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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REPUBLIC OF SIERRA
LEONE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2024 SEP -4 AM 11:47

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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.



RAIHDA II NASSR

Filing Fee: \$25.00