

L220000492007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

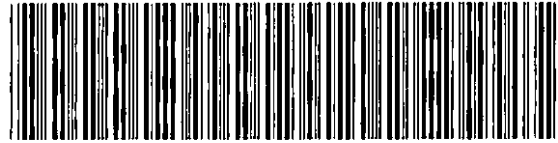
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000438041450

FILED

2024 NOV -8 AM 10:26

TALLAHASSEE, FLORIDA

RECEIVED

2024 NOV -8 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: ___\$ 25.00___

Authorization Signature: _____

Amasons Appliances LLC

L22000 49 2007

Business Name

#Document #

___ Walk in

___ Will wait

___ Certified Copies of the Articles of Incorporation

___ Certificate of Status

NEW FILINGS

___ Profit
___ Not for Profit
___ LLC
___ Domestication
___ INC
___ CORP
___ OTHER

AMENDMENTS

___X___ Amendment
___ Resignation of R.A. Officer/Director
___ Change of Registered Agent
___ Dissolution/Withdrawal
___ Conversion
___ Statement of FACT
___ Merger

OTHER FILINGS

___ Annual Report
___ Fictitious Name
___ Statement of Authority
___ APOSTIL _____

COUNTRY

REGISTRATION/QUALIFICATIONS

___ Foreign Filing
___ Partnership
___ Reinstatement
___ CORRECTION for a Foreign LLC
___ Domestication of a Foreign Corp.
___ Other

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 fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAHIDA H NASSR

Name of Person

AMASONS APPLIANCES LLC

Firm/Company

3000 SEAVIEW CASTLE DR

Address

KISSIMMEE FL 34741

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:

RAHIDA H NASSR

267 476-1781

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2024 NOV -8 AM 10: 26

AMASONS APPLIANCES LLC

Amasons Appliances LLC

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

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11.1.2022 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

Florida

City

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	☐ Add
		KISSIMMEE FL 34746	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Remove
			☐ Change

2024 NOV 5 PM 5:11
TALLAHASSEE, FLORIDA

2024 NOV -8 AM 10:26
TALLAHASSEE, FLORIDA

FILED

(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.

Dated November 7th 2024

Signature of a member or authorized representative of a member

Rahida H NASSR.
Typed or printed

Typed or printed name of signer

Filing Fee: \$25.00