

L23000021445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

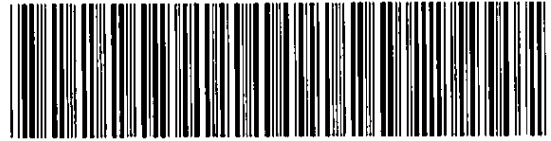
(Business Entity Name)

(Document Number)

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10/03/23--01025--013 \*\*25.00

2023 OCT -3 PM 5:30

cf 10/13/2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EQUITIES BY A&E, 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:

ARON FISCHMAN

\_\_\_\_\_  
Name of Person

EQUITIES BY A&E, LLC

\_\_\_\_\_  
Firm/Company

2825 N UNIVERSITY DRIVE, SUITE 310

\_\_\_\_\_  
Address

CORAL SPRINGS, FL 33065

\_\_\_\_\_  
City/State and Zip Code

CONTACT@AEADVISORY.COM

\_\_\_\_\_  
E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call:

ARON FISCHMAN

954 902-5454

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**

2023 OCT -3 PM 5:30

EQUITIES BY A&E, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/10/2023 and assigned Florida document number L23000021445.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:

A&E ADVISORY LLC

New Registered Office Address:

2825 N UNIVERSITY DR, SUITE 300

*Enter Florida street address*

CORAL SPRINGS

*City*

Florida 33065

*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>
MBR	KETAN VENTURES, LLC	2825 N UNIVERSITY DRIVE	<input type="checkbox"/> Add
		SUITE 300	<input checked="" type="checkbox"/> Remove
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change
MBR	TZADOK HOLDINGS LLC	19744 BOCA GREENS DRIVE	<input type="checkbox"/> Add
		BOCA RATON, FL 33498	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ARON FISCHMAN	2825 N UNIVERSITY DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 300	<input type="checkbox"/> Remove
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

