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To:

Division of Corporations

Fax Number : (850)617-6383

the state of the state of

From:

Account Name : UNITED ACCOUNTANTS LLC

Account Number : I20230000115 : (813)773-4973 Phone

Fax Number : (813)440-4499

Enter the email audress for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: infoauniacc net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AZIZ & SONS, LLC

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K. SALY

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Help

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: AZIZ	3 Sons LLC		
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	Amendment and fce(s) are subm		
Please return all correspor	ndence concerning this matter to	the anowng.	
	AZIZ A	AB DELAZIZ	
		Name of Person	
		Firm-Congrany	
	0725 11011		
	4125 NONA	CLEST DR.	
	COLANDO.	FL 32832 City/State and Zip Code	
	•		
	Info d Unia	U. NCF be used for future annual report notif	ication)
For further information e	oncerning this matter, please ca	11:	
ARDALLAH V	ABONEL AZIZ	at (210) 326 -	5143
Name o	d Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t			T sen on Eiling Con
□ \$25.00 Filing Fee	☐ 530.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u>	uc.	Street Address:	
Registration	Section	Registration Se	
Division of C P.O. Box 63		Division of Co The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 AUG 22 AM 2:59
FALLAHASSEN FLORIDA

AZIZ & Sans 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 Liab	bility Company were tile	ed on 06/15/2023	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability con	npany here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Comp	any," the designation "IA.C" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	'ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE b	<u></u>		
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address s here:	on our records, enter the nat	ne of the new registered
Name of New Registered Agent:	AZIZ A ABI	ELA212	
New Registered Office Address:	9735 NO	WACREST D Enter Florida street address	
	Orlando	. Florida	32832
	Ciņ	r e	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. Thereby confirm that the limited liability company has been notified in writing of this change.

Aziz A Abdelaziz

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>l'itle</u>	Name	Address	Type of Action
uGIR	ABDALLAH A ABDELAZIZ	9735 NONACLEST DR	□Add
		ORLANDO, FL 32832	Remove
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ne record ord is til-	d specifies a d ed.	elayed effect	tive date, but	t not an eff	ective time	, at 12:01 a	m, on the ca	lier of: (b)	The 90th da	y after the
Dated .	August	- 22°	k	20	024_					

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