Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : UNITED ACCOUNTANTS LLC

Account Number : I20230000115 Phone : (813)773-4973 Fax Number : (813)440-4499

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

## - E LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COMPLEX SUPPLY, LLC

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## **COVER LETTER**

TO:	Registration So Division of Cor			
		X.SUPPLY, LLC		,
SUBJ	ECT:	Name of Lin	ited Liability Company	
Thorag	alagad Artiglas of	Amendment and fee(s) are sub	smitted for filing	
Please	return all correspo	ondence concerning this matter	to the following;	
		AMER YACOUB		
		***************************************	Name of Person	
			Firm/Company	
		20334 HERITAGE POIN	T DR	
			Address	
		TAMPA, FL 33647		
			City/State and Zip Code	. <u>.                                   </u>
		INFOA@UNIACC.NET		
		E-mail address: (	to be used for future annual report n	otification)
For fur	ther information c	concerning this matter, please c	all:	
AMEI	R YACOUB		787 2361902	
	Name o	of Person	at () Area Code Day	time Telephone Number
Enclos	ed is a check for t	he following amount:		
<b>■</b> \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres	<u> </u>	Street Address:	<u>.</u>

Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

1.23000414843					
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records. [Liability Company]	)			
The Articles of Organization for this Limited Liability Compan	y were filed on 09/05/2023	a	nd assi	gned	
Florida document number L23000414843					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company here:				
The new name must be distinguishable and contain the words "Limited Liab	oility Company." the designation "LLC"	or the abbreviat	ion "L.I	C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
				<del></del>	Ta
			1. 1.		10
Enter new mailing address, if applicable:			25 100	•	
(Mailing address MAY BE A POST OFFICE BOX)			:	_ ; ;	_
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		4 1 71	P::	: 1	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	he name of t	he <del>,n</del> ew ∼	règist	erec
agent and/of the new registered office address here.		L.U	æ		7
Name of New Registered Agent:					_
New Registered Office Address:					
	Enter Florida street address				
	, Flor	rida			
	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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	ARAFAT ASKER	2426 VISCOUNT ROW	
		ORLANDO, FL 32809	□ Remove
			☐ Change
AMBR	ABED ASKER	2426 VISCOUNT ROW	
		ORLANDO, FL 32809	□Remove
			□Change
AMBR	ALADIN ASKER	2426 VISCOUNT ROW	<b>®</b> Add
		ORLANDO. FL 32809	
			□Change
AMBR	OTHMAN OTHMAN	P.O. BOX 79519	• Add
		CAROLINA PR 00984	□Remove
			□Change
AMBR	ZUHAIR YACOUB	30464 SUNLAID CT	<b>■</b> Add
		WESLEY CHAPEL, FL 33543	Remove
			□ Remove
			□Change

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f an effect: Note:   If	date, if other ive date is listed, the date inserted t's effective date	he date must be sp Lin this block d	occific and co	annot be prior et the applic	able statutor:	g or more than filing requir	(option 90 days after the rements, this	iling.) Pursuant (	o 605.020 e listed a:
record s d is filed	pecities a delaye	ed effective date	e, but not a	n effective ti	me, at 12:01	a.m. on the e	arlier of: (b)	The 90th day	after the
No	OVEMBER 6TH	1	•	2024	•				
Dated	KILD)	==-							
Dated	124	102120 1117							
Dated	Amer Yar oub (Nov 7	', 2024 20:45 AST) Signa	iture of a ne	ember or author	orized represer	ntative of a me	mber		_

Filing Fee: \$25.00