

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L2300414843

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:

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.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COMPLEX SUPPLY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. LEMIEUX

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMPLEX.SUPPLY, 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:

AMER YACOB

Name of Person

Firm/Company

20334 HERITAGE POINT DR

Address

TAMPA, FL 33647

City/State and Zip Code

INFOA@UNIACC.NET

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

For further information concerning this matter, please call:

AMER YACOB

787

2361902

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

1.23000414843

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	ARAFAT ASKER	2426 VISCOUNT ROW	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ABED ASKER	2426 VISCOUNT ROW	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALADIN ASKER	2426 VISCOUNT ROW	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OTHTMAN OTHTMAN	P.O. BOX 79519	<input checked="" type="checkbox"/> Add
		CAROLINA PR 00984	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ZUHAIR YACOUN	30464 SUNLAID CT	<input checked="" type="checkbox"/> Add
		WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

~~Amir~~
Amir Yarioub (Nov 7, 2024 20:45 AST)

Amer Yacoub

Filing Fee: \$25.00