## L23000 554 846

(Requestor's Name)	
(Address)	
·	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Sectional Entitle Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	<del></del>
Special Instructions to Filing Officer:	
<u> </u>	
	<u> </u>

Office Use Only



000420923120

12/27/23--01039--004 \*\*25.00

1023 DEC 27 PM 6: 0**7** 

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
ATZ Enterp	orises LLC		
SUBJECT:			
	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joseph Khouri		
	<del></del>	Name of Person	
	ATZ Enterprises LLC		
		Firm/Company	
		Address	
	Clearwater, Fl 33767		
	Toniakhouri@gmail.com	City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual repo	rt notification)
	concerning this matter, please c	ali:	
Tonia Khouri		630 901-67	77
Name o	of Person	at () Area Code D	Paytime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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		Street Addre	
Registration 9 Division of C		Registratio	n Section Corporations
P.O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 "LLC."

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, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Enter Florida si	treet address	
 City	, Florida	

## 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Pres	Joseph Khouri	880 Mandalay Ave S1007	
			<b>=</b> Add
		Clearwater, FL 33767	
			□Remove
			(∏Changa
VicePres	Tonia Khouri	880 Mandalay Ave S1007	□ Change
			□Add
		Clearwater, FL 33767	·
			□Remove
			Change
			□Remove
			□Change
			<b>□</b>
			□Add
			□Remove
			□Change
			□ Add
			Remove
			□Change
			□Remove
			CINCHIOVE
			□Change

	<del></del>
. Effect	tive date, if other than the date of filing: (optional)
(If an ef Note:	fective date, if other than the date of filing:
the reco	rd 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 iled.
Dated	December 21 . 2023.
Dated	

EU E CAROC