

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

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01/24/24--01003--003 \*\*35.00



January 25, 2024

ABDELKHALEK SALEH 100 N CENTRAL EXPY STE 803 RICHARDSON, TX 75080

SUBJECT: CUSTOM TEES JAX LLC

Ref. Number: L24000011533

We have received your document for CUSTOM TEES JAX LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida profit corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 324A00001633

Morgan E Lovett Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

TO:

	stration Se sion of Cor			
SUBJECT:	Custom Te	res Jax LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return a	all correspo	ondence concerning this matter	to the following:	
		Abdelkhalek Saleh		
			Name of Person	<del></del>
		A Salch CPA LLC		
			Firm/Company	
		100 N Central Expy STE 8	303	
			Address	
		Richardson, TX 75080		
			City/State and Zip Code	<del></del>
		info@asalehcpa.com		
For further inf	ormation co	E-mail address: ( oncerning this matter, please c	to be used for future annual report no	tification)
Abdelkhalek S		and market, preuse e	469 888-0861	
	Name of	<u> </u>	at ()	ne Telephone Number
	Name of	reson	Area Code Daytii	ne Telephone Number
Enclosed is a c	check for th	e following amount:		
■ \$25.00 Fil	ling 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)
	ng Address stration S		Street Address:	antion.
_		orporations	Registration Se Division of Co	
P.O.	Box 632	7	The Centre of	Tallahassee
Talla	ihassee, F	EL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited L (A F	iability Company as it now appears on our record lorida Limited Liability Company)	5.)
The Articles of Organization for this Limited Liabil	ity Company were filed on 01/04/2024	and assigned
Florida document number L24000011533	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
he 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	::	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
• •		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX  3. If amending the registered agent and/or registered	tered office address on our records, enter	
Mailing address MAY BE A POST OFFICE BOX  3. If amending the registered agent and/or registered	tered office address on our records, enter	
Mailing address MAY BE A POST OFFICE BOX  3. If amending the registered agent and/or registered	tered office address on our records, enter	
Mailing address MAY BE A POST OFFICE BOX  3. If amending the registered agent and/or registered and/or the new registered office address he	tered office address on our records, <u>enter</u> ere:	the name of the new regis
Mailing address MAY BE A POST OFFICE BOX  3. If amending the registered agent and/or registered and/or the new registered office address he  Name of New Registered Agent:	tered office address on our records, enter	the name of the new regis
Mailing address MAY BE A POST OFFICE BOX  3. If amending the registered agent and/or registered and/or the new registered office address he  Name of New Registered Agent:	tered office address on our records, enterere:  Enter Florida street address	the name of the new regis

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>	Address	Type of Action
AMBR	Kamal Elzonfoly	5270 Summit Lake Dr	≣Add
		Jacksonville, FL 32258	
			□ Change
		<del></del>	□Add
			□Remove
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record specifies a delayed effect is filed.	ve date, but not an ef	fective time, at 12:01	a.m. on the earlier	of: (b) The 90th day	/ after the
an effective date is listed, the date mote: If the date inserted in this locument's effective date on the	block does not meet tl	ie applicable statutor	ng or more than 90 day	caffee filing ) Durament	to 605.0207 e listed ås 
fective date, if other than th	e date of filing:			(optional)	^ `
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Filing Fee: \$25.00