

L24 0000 17517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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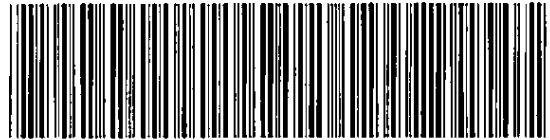
(Business Entity Name)

(Document Number)

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2024 FEB 22 PM 2:58
CLERK OF DISTRICT COURT
HABERSHAM, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOSEF FRAIMAN 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:

JOSEF FRAIMAN
Name of Person

Firm/Company

10690 PEGASUS ST.
Address

DAVIE/FL 33324
City/State and Zip Code

yosifraiman@aol.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Josef Fraiman at (917) 692 1232
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

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

FRAIMAN, JOSEF 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 Liability Company were filed on 01/08/2024 and assigned Florida document number L24000017517.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JOSEF FRAIMAN LLC

The 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 ADDRESS)

10690 Pegasus Street
DAVIE FL 33324

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10690 Pegasus Street
DAVIE, FL 33324

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 Changing Registered Agent, Signature of New Registered Agent

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CLERK OF COURT
DAVIE, FL

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

A hand-drawn sketch of a diagonal line segment on lined paper. The line starts at a point on the fourth line from the top and extends upwards and to the right, ending at a point on the sixth line from the top. The line is slightly curved and appears to be drawn with a pencil or light pen.

(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.

Signature of a member or authorized representative of a member

Josef Frainan

Typed or printed name of signee

Filing Fee: \$25.00