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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EXPERTAX
Account Number : 120283000810
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Fax Number : (321)206-9743

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/MIG RESIGN
A&E BROTHERS FL LLC

Certificate of Status	1
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M. SOLOMON

MAR 18 2024

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2024 MAR 18 AM 10:04

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTERTO: Registration Section
Division of Corporations

SUBJECT: A&I BROTHERS FL LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANCOIS CHAABANE

Name of Person

Firm Company

11054 WHISLUSTING PINE WAY

Address

ORLANDO, FL 32837

City, State and Zip Code

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

For further information concerning this matter, please call

FRANCOIS CHAABANE

407 813-3043

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee☒ \$50.00 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 32314Street Address:Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

A&T BROTHERS FL, 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 03-07-2024 and assigned
 Florida document number 1,24000110441

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 "L.L.C."

Enter new principal offices address, if applicable:

11054 WHISTLING PINE WAY

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32832

Enter new mailing address, if applicable:

11054 WHISTLING PINE WAY

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32832

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:

11054 WHISTLING PINE WAY,

(Enter Florida street address)

ORLANDO

(City)

Florida 32832

(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.

FRANCOIS CHABANIE

If Changing Registered Agent, Signature of New Registered Agent

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If attending 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>
MGR	FRANCOIS CHAABANE	11054 WHISTLING PINE WAY	☐ Add
		ORLANDO, FL 32832	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Remove
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			☐ Change

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10. If amending any other information, enter change(s) here: *(attach additional sheets, if necessary.)*

11. Effective date, if other than the date of filing: _____ (optional)

(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 35 USC 2201 (38):

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (i) The 90th day after the record is filed.

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FRANCOIS CHAMPAGNE

Signature of a member or authorized representative of a member

FRANCIS CHABANE

Input or output name of device

Filing Fee: \$25.00

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