

L24000 366 728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

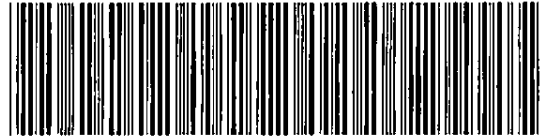
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



300439773933

11/20/24--01015--004 **30.00

FILED
2024 NOV 20 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEL MWAYEN BROTHERS, 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:

JACKSON MARSEILLE

Name of Person

Firm/Company

865 NE 149 STREET

Address

MIAMI, FL 33161

City/State and Zip Code

jim391982@gmail.com

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

For further information concerning this matter, please call:

JACKSON MARSEILLE

786

2293200

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2024 NOV 20 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FL

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

BEL MWAYEN BROTHERS, 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 08/21/2024 and assigned
Florida document number L24000366728.

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: _____

(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, 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

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>
VP	JACKSON MARSEILLE	865 NE 149 STREET	<input type="checkbox"/> Add
		MIAMI, FL 33161	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JACKSON MARSEILLE	865 NE 149 STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JACQUES B JOSEPH	865 NE 149 ST	<input type="checkbox"/> Add
		MIAMI, FL 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	JACQUES B JOSEPH	865 NE 149 ST	<input type="checkbox"/> Add
		MIAMI, FL 33161	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRITZ G BELLEVUE	175 NW 118 ST	<input checked="" type="checkbox"/> Add
		MIAMI FL 33168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2023 NOV 20 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FL


2074 NOV 20 AM 10:00
SECRETARY OF STATE
TALLAHASSEE FL

2024 NOV 20 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FL

7

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.

Dated 11/12, 2024


Signature of a member or authorized representative

Jackson Marseille
Typed or printed name of signee