

L99000001020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

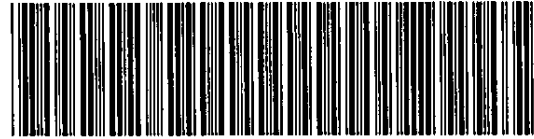
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aouadi Dreams, L.C.

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:

Juliette Aouadi Lowe

Name of Person

Firm/Company

1868 SE Harrison St.

Address

Stuart, FL 34997

City/State and Zip Code

Aouadilittle@aol.com

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

For further information concerning this matter, please call:

Juliette Aouadi Lowe

Name of Person

at (561) 401-1156

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Aouadi Dreams, L.C.

(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 02/23/1999 and assigned
Florida document number L99000001020.

This amendment is submitted to amend the following:

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

1350 A1A 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)

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:

Juliette Aouadi Lowe

New Registered Office Address:

1868 Southeast Harrison Street

Enter Florida street address

Stuart

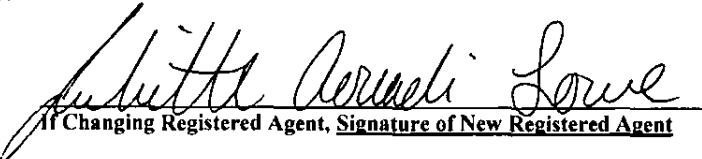
City

Florida 34997

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>
MGR	PATRICIA AOUADI	16760 132 ND TERR. N, JUPITER, FL 33478	☐ Add
			☒ Remove
			☐ Change
AMBR	JULIETTE AOUADI LOWE	1868 SOUTHEAST HARRISON ST., STUART, FL 34997	☐ Add
			☐ Remove
		CHANGE TITLE	☒ Change
AMBR	KRISTINE AOUADI FISCHETTI	6406 S. REVELLE CIR. S. JUPITER, FL 33458	☐ Add
			☐ Remove
		CHANGE TITLE	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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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

11/7/17
Little Awauchi Grove
Signature of a member or authorized representative of a member

Juliette Aouadi Lowe

Filing Fee: \$25.00