## L11000049481

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
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M JUN 16 PM 4: 53

D. BRUCE

JUN 16 2011

**EXAMINER** 

## **COVER LETTER**

Division of Co	orporations			
SUBJECT:	best be	uy motors LLC		
		ited Liability Company	<del></del>	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	pondence concerning this matte	r to the following:		
		ZACK ITANI		
		Name of Person		
	BEST BUY MOTORS LLC			
		Firm/Company	<u> </u>	
	10210 FT CAROLINE RD Address			
	JA	CKSONVILLE FL 32225	ı	- T-
		City/State and Zip Code		
	E-mail address: (	cksmail1@yahoo.com to be used for future annual report	notification)	JUN 16
For further information	concerning this matter, please	•	,	TILE DI LE BILLIANI SE SAHASSEEL-FLO
	zack itani	at ( 904 )	6358597	S F
Name	of Person		ytime 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 encl	osed) Certified (	e of Status &
MAJI	LING ADDRESS:	STREET/CO	URIER ADDRESS:	

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	best buy m	otors IIc				
( <u>Na</u>	me of the Limited Liability Compan (A Florida Limited Li	y as it now appears ability Company)	on our records.)			
	or this Limited Liability Company	were filed on	4-27-2011	and a	ssigned	i
Florida document number	<u>111000049681</u> .					
This amendment is submitted	to amend the following:					
A. If amending name, enter	the new name of the limited liabi	lity company here:				
The new name must be distingui "L.L.C."	shable and end with the words "Limit	ed Liability Company	," the designation "	LLC" or the	abbrev	/iatior
Enter new principal offices a	ıddress, if applicable:		·			
(Principal office address MU	ST BE A STREET ADDRESS)			7-1		
				F.C.	<u></u>	
Enter new mailing address,	if applicable:			ASSE	91	
(Mailing address MAY BE A	POST OFFICE BOX)					
		<del></del>	<del></del>		년 ( 대	<i>ئىش</i> نا 
	ered agent and/or registered offi new registered office address here		r records, enter	10	of the	new
Name of New Regis	ered Agent:				<del></del>	
New Registered Offi	ce Address:	Ente	· Florida street add	dress		<del></del>
		City	, Florida	Zip Cod	de	

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

· 3

<u>Title</u>	Name	Address	Type of Action
MGRM	khalid z itani	10536 atlantic blvd iacksonville fl 32225	Add Remove
MGRM_	nawal z itani	10536 atlantic blvd iacksonville fl 32225	Add Remove
<del></del>			Add Remove
	<del></del>		Add Remove
	<del></del>		Add Remove
			Add Remove
D. If amendin	ng any other information, enter change(	(s) here: (Attach additional sheets, if necessary.)	TI JUN 16
		e e e e e e e e e e e e e e e e e e e	
Dated	6-8-11 , <u>201</u>		
-	- !	or authorized representative of a member  nawal z itani r printed name of signee	

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Filing Fee: \$25.00