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S. YOUNG

COVER LETTER

TO: Registration So Division of Con			
SUBJECT:	Trust Motol Name of Lim	S, LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sae	d Hewy Alko	54b
	Tra	St Motors, LLC Firm/Company	TALL 16
	1024	79-C Beach 12	žП (??)
	Jac	Ksonville Fl 32 City/State and Zip Code	<u> </u>
	E-mail address: (- 4 mo tors / 9 koo · Co to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Soved Name o	Henry AKKuyb Person	at (<u>404</u>) <u>694-3</u> Area Code Daytimo	3787 Telephone Number
Enclosed is a check for the	ne 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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

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

(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $0/-20-20/2$ and assigned
Florida document number <u>L12 00000 9569</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	vility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10249-C Beach BIVA & FG
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, Fl 32246 8
	25 Profes
Enter new mailing address, if applicable:	10249-C Beach BIN 5 95
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, Fl 32246 5
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: SAE	ED HENRY AKKOUB
New Registered Office Address: 1024	9-C Beach BIVd Enter Florida street address
— Jacks	City , Florida 32246 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•
I hereby accept the appointment as registered agent and agr.	ee to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 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 Title Name **Address Type of Action** MGR Khaled H AKKOUB 1705 cassat Avenu Add Jacksonville, Pl 32210 Remove ☐ Change SAED HENRY AKKOUB 10249-C Beach BIND MGR Jacksonville, FI 32246 □ Remove ☐ Change _🗆 Ad🚝 Remove □ Remove _ Change □ Add _□ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

_□ Change

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fective date, if other than the date of filing:	ing.) Pursuant to 605.020
record specifies a delayed effective date, but not an effective time, at 12:01 a.r The 90th day after the record is filed.	n. on the earlier o
nted October - 21 , 2016.	
Signature of a member or authorized representative of a member	
Abdel Khaled AKKUUb Typed or printed name of signee	

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Filing Fee: \$25.00