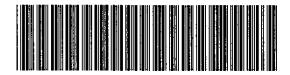
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(Re	questor's Name)	···· •		
(Address)				
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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DIVISION OF CORPORATIONS

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T. HAMPTON

COVER LETTER

SUBJECT: 1 Dan's Auto Recycling 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:							
Khaldoun Mamlouk Name of Person							
1# Dan's Auto Recycling Firm/Company							
18659 madison Ave							
Orlando Pl 32820 City/State and Zip Gode							
Danthe best 19th a AUL Com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Khaldoun Mamlouk at (407) 982-0606 Name of Person Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)							

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

1# Dan's Auto Recycling LLC
(Name of the Limited Liability Company) as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited Liac	omity Company)		
The Articles of Organization for this Limited Liability Company w	ere filed on 2-1-09	and assigned	
Florida document number 6000002702	•	_	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability		SECRETARY OF ST VISION OF CORPORA 13 JUL 23 PH 12	
The new name must be distinguishable and end with the words "Limited "L.L.C."	d Liability Company," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	None		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N52.		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	re address on our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	NONe		
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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type	of Action
mbrm	Abdel Hamead Elmosry	10122 Bridlewood AUC Orlando Fl 32825	<u>-</u>	Add
	'	Orlando Pl 32825	<u> </u>	Remove
maln	Linda F Elgsry	10122 Bridlewood An Orlands F1 32825	<u>e</u>	Add
		Orlando F1 32825	_	Remove
			_	Add
			_	Remove
			•	Add
			13 J	Remove DIVISION
<u></u>			13 JUL 23 P	FILEC RETARK O N OF FOR
			PH 12: 19	F STION
			- ,	Add
			-	Remove

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Signature
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Filing Fee: \$25.00

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