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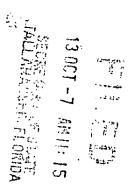
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COVER LETTER

Division of Cor	porations		
SUBJECT: 1#)	an's Auto Name of Limit	Recycling ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Khaldou 1thours A 18659 N Orlando Dantheb	Name of Person Hadison Address City/State and Zip Code Part of Person Name of Person Recyc Firm/Company Address Address Address Place 328	ling De 20 10C Com 13007
For Gueller in Gunnadian	,	o be used for future annual report not	ification)
ror numer information c	oncerning this matter, please ca	•	
Khaldoun	Mam Jouk	at (407)982-00	me Telephone Number
ivame o	r i C19011	Area Code & Dayin	the receptions remines 15.
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Fiting Fee, Certificate of Status &

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IF Dan's Auto	Kecyclina	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L 0900002</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit the new name of the limit the new name of the limit the new name must be distinguishable and end with the word "L.L.C."	ind Dan's Auto	Sales. HC lesignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addi-		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
,	Enter Florid	da 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 = Ma MGRM = N	nager Janaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		****	Remove
			
			Add
			Remove
			Add
			Remove
			13 OCT
			Add
			Remove
			Add
			Remove
			Add
			
			Kemove

D. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · ·
Dated Oc	4 2013
	Signature of a member or authorized representative of a member
	Khaldoun Mambauk

Page 3 of 3

Filing Fee: \$25.00

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