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S. PRATHER

COVER LETTER

то:	Registration Se Division of Cor						
SUBJE		ALFA AUTO MALL, LLC					
SODJE	Name of Limited Liability Company						
		Amendment and fee(s) are sub indence concerning this matter	Ç				
		MHD YASSER ALKEMI	EH				
			Name of Person	··········			
		ALFA AUTO MALL, LL	С				
Firm/Company							
	8710 EAST COLONIAL DRIVE						
	Address						
		ORLANDO, FL 32817					
		ALFAAUTOMALL@GM:	City/State and Zip Code AIL.COM to be used for future annual report notifi	ication)			
For furth	ner information co	oncerning this matter, please co					
MHD Y	ASSER AUKEN	1EH	407 342-7565				
	Name o	f Person		Telephone Number			
Enclosed	l is a check for th	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/COURD	FR 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

		• 6
		·
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
(A	Criorida Limited Liaoliny Company)	24
The Articles of Organization for this Limited Liab	oility Company were filed on 07/15/2014	and assigned
Florida document number L14000111437		्त् ⇒ स्
This amendment is submitted to amend the follow	ring:	# 05 # ± €
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Forten was not about 60 and 11 and 60 and 11		
Enter new principal offices address, if applicab		
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	OV)	
maning dances wat be a foot of fice be	<u> </u>	
19 16 o 1' d		
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
The first of the f	taures nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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 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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

1

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ALSADEEM INTERNATIONAL I	10908 WOODCHASE CIR	
		ORLANDO, FL 32836	■ Remove
			□ Change
			□ Remove
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			Add
			☐ Remove
			□ Change
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. Transciding an	other information, enter	enange(s) neve: (Anach adann	meu sneets, tj necessary.)	
	<u>, </u>			
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(If an effective date in Note: If the date	f other than the date of filing stated, the date must be specific an inserted in this block does not tive date on the Department of	nd cannot be prior to date of filing or m meet the applicable statutory filing	(optional) ore than 90 days after filing.) Pur g requirements, this date will	suant to 605.0207 (3)(b) not be listed as the
f the record spec b) The 90th da	cifies a delayed effective y after the record is filed	date, but not an effective t i.	ime, at 12:01 a.m. on	the earlier of:
Dated		2018		
 		F. 19	-* %	. .
		a member or authorized representative	of a member •	JUL 24
<u> </u>	Yon a 11312A	HIM YASTN Typed or printed name of signee	<u>.</u> .	
		Page 3 of 3	'a	505 14. 14. 14. 14. 14. 14. 14. 14. 14. 14.

Filing Fee: \$25.00