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SECRETARY DE STATE

COVER LETTER

TO: Registration S Division of Co			
Discount &	Auto Center LLC		
3003EC1,	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Zabi Atia		
		Name of Person	
		Firm/Company	
	1410 Commerce Blvd #H		
		Address	
	Sarasota Fl, 34243		
	941bsd@gmail.com	City/State and Zip Code	
For further information c	E-mail address: (concerning this matter, please e	to be used for future annual report no all:	tification)
Zahi Atia		702 533-3220	
Name o	4 Person	Area Code Daytii	ne Telephone Number
inclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Discount Auto Center LLC

2022 JAN 31 PM 2: 25

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) STARY OF STAR FALL ARASSEE, FE 1
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000031033</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
BS'D Commerce LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
	N/A
Enter new mailing address, if applicable:	NO
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registere
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with th performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
	NIA

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□Add
			□Remove
			Change

D. Ìf am	ending any	y other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	only	changing name of company	
		·	
Note	: If the date	fother than the date of filing:	3)(b) he
If the record is t		a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
Dated	January 26	2022	
	_		
		Signature of a member or authorized representative of a member	
	Zahi A	atia	

Typed or printed name of signee