L01000002017

(Re	equestor's Name)	
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SECRETARY OF STATE-ALLAHASSEE, FLORIDA

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COVER LETTER

TO:		sistration Section of Cor		ំង	
SUBJI	₽ ECT:	REZA AUT	O LLC	*	
5 0 D 0			Name of Limi	ted Liability Company	
The en	closed	d Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please	return	all correspon	ndence concerning this matter	to the following:	
			ROBIN BYLER - AGENT		
				Name of Person	
				Firm/Company	
			615 QUEENS HARBOR E		
				Address	
			JACKSONVILLE, FL 322	25	
				City/State and Zip Code	
			RRAMAGHI@HOTMAIL.		
			E-mail address: (1	o be used for future annual report notification	1)
For fur	rther in	nformation co	oncerning this matter, please ca	ılı:	
REZA	RAM	1AGHI		904 312-4000 at ()	
		Name of	f Person	Area Code Daytime Telep	hone Number
Enclos	sed is a	a check for th	e following amount:		
□ \$ 2	5.00 F	iling 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)

MAILING 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**

REZA AUTO, L.L.C.

THE SUN TO THE PARTY OF THE POPULATION OF THE PO (Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company were filed on $\frac{0}{2}$	2/07/2001 and assigned
Florida document number L01000002017		
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company l	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:	.	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and registered agent and/or the new registered o		n our records, enter the name of the new
Name of New Registered Agent:	ROBIN BYLER	
New Registered Office Address:	615 QUEENS HARBOR BLVD	
	Enter Fl	orida street address
	JACKSONVILLE	, Florida 32225
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ROBIN BYLER	615 QUEENS HARBOR BLVD	■ Add
		JACKSONVILLE, FL 32225	□ Remove
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date, if other than the	date of filing	95/20/2015 			_ (optional)	
the date inserted in this bl	ock does not n	neet the applic	able statutory fi	r more than 90 d: ling requireme	ays after filing.) P nts, this date w	'ursuant to 605.020' ill not be listed as
's effective date on the D	epartment of S	State's records.				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00