Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Account Name : INDEPENDENT TAX SERVICE

Account Number : I20020000072 Phone : (305)887-0001 Fax Number : (305)884-6444

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

GERMANCO AUTOMOBILE L.L.C.

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Corporate Filing Menu

OCT - 9 2009

EXAMINER

10/08/09

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Electronic Filing Menu

COVER LETTER

TO: Registration Division of C		
SUBJECT:	GERMANCO	AUTOMOBILE L.L.C.
		ited Liability Company
	of Amendment and fee(s) are su	•
		NOREDDINE, ALI
		Name of Person
	GERMANCO AUTOMOBILE L.L.C.	
	Firm/Company	
	7771 NW 7TH ST 615	
		Address
		MIAMI, FL. 33126
		City/State and Zip Code
	E-mail address:	IDENTTAX@HOTMAIL.COM (to be used for future aurual report notification)
For further information	concerning this matter, please	call:
NO	DEDDINE ALI	005 000 0727
	REDDINE, ALI of Person	nt (305) 609-3737 Area Code & Daytime Telephone Number
		,
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fcc & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS:	STREET/COURIER ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GERMAN	<u>CO AUTOMOBILE L.</u>	.L.C.	·
(Name of the Limited Linb (A Flor	pility Company as it now appea ida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document number		03/28/2008	and assigned
This amendment is submitted to amend the following	y. 5.		•
A. If amending name, enter the new name of the	limited liability company ber	<u>:e</u> :	
NOUF	REDDNINE - CAR LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	nny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			4:1-
(Principal office address MUST BE A STREET AL	DDRESS)		<u> </u>
Enter new mailing address, if applicable:			OCT -8
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		₹ 200
B. If amending the registered agent and/or re		our records, enter t	ORATIO
registered agent and/or the new registered office a	address here:	<u> </u>	S
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street add	ress
		, 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 = M	nager Ianaging Member		
Title	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D, If amend	ling any other information, er	iter change(s) here: (Attach additional sheets, if necessary,	SECRETARY JIVISION OF C
			FILEU OF CORP
			ORATIO
Dated	OCTOBER 08	, 2009	5
		AC	
	Signature o	of a member or authorized representative of a member	
		ALI NOUREDDINE Typed or printed name of signee	

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