

L080000039835

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(Address)

(Address)

(City/State/Zip/Phone #)

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JUN 14 2010

EXAMINER



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10 JUN 11 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTERNATIONAL MASTERS AUTO MALL LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FAISAL ABU-JUBARA

Name of Person

INTERNATIONAL MASTERS AUTO MALL LLC

Firm/Company

4672 PRAIRIE POINT BLVD

Address

KISSIMMEE, FL 34746

City/State and Zip Code

FJUBARA@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FAISAL ABU-JUBARA

Name of Person

at (407)

922-8826

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

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**

INTERNATIONAL MASTERS AUTO MALL LLC

(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 Liability Company were filed on 04/21/2008 and assigned
Florida document number L08000039835.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4672 PRAIRIE POINT BLVD
KISSIMMEE
FL 34746

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10 JUN 11 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

FAISAL ABU-JUBARA

New Registered Office Address:

4672 PRAIRIE POINT BLVD

Enter Florida street address

KISSIMMEE

Florida

34746

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:

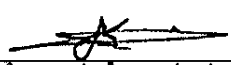
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KARIM KEBTANE	200 EAGLE POINT LOOP AUBURNDALE FLORIDA 33823	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	IBRAHIM ABU-JUBARA	4672 PRAIRIE POINT BLVD KISSIMMEE FLORIDA 34746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated JUNE 08, 2010.



Signature of a member or authorized representative of a member

FAISAL ABU-JUBARA

Typed or printed name of signee