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SECRETARY OF STATE
TALLAHASSEE, FLORICA

D. BRUCE

JAN 27 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: CAR BAZ	(Name of Lim	ited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	GLORIA ROA BODIN,	(Name of Person)	····	
	CLORIA ROA BODIN,	P.A. (Firm/Company)		
	2655 S. LeJeune R	oad		
		(Address)	TALI	>
	Coral Gables, FL	33134	<u>`</u> ≽&	-
		(City/State and Zip Code)	HASSE	=
For further information c	concerning this matter, please co	ali:	PM 2: E. FLOR	FILED
Gloria Roa Bodi	1	at (305) 442-1322	RATION OF THE PROPERTY OF THE	
(Name	of Person)	(Area Code & Daytime T	'elephone Number)	
Enclosed is a check for the	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	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAR BAZAR, LLC (Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) liability Company)	<u>. </u>			
The Articles of Organization for this Limited Liability Company	were filed on July 14, 2008	and assigned			
Florida document number L08000068535					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company here:				
					
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "	LLC" or the abbreviation			
Enter new principal offices address, if applicable:	11801 SW 144 Ct., Unit 4				
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33186	<u> </u>			
					
		HAS AN TO			
Enter new mailing address, if applicable:	2655 S LeJeune Road	SER S			
(Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, FL 33134	7 3 m			
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		the manne of the new			
Name of New Registered Agent:					
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 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 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 **Type of Action** Address Titl<u>e</u> Name 10726 S.W. 148 Ct. Jamil Ahmed Khan X Remove Miami. FL 33196 PROCOM Computer Technologies 5th Fl. Hughes Bldg. Kenyatta Ave. LTD. Nairobi, Kenya 🗂 Add Remove ☐ Add 🗂 Remove _☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The names and streetadresses of Members who shall constitute the initial Members of the Company are as follows: Shakil Ahmed Khan 10726 S.W. 148 CT. Miami, FL 33196. Management of this limited liability company is reserved to the following person: Shakil Ahmed Khan (President) Dated __ January 23rd

Shak11 Ahmed Khan

Typed or printed name of signee

Page 2 of 2

Signature of a member or authorized representative of a member

Filing Fee: \$25.00