

LO90000002702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

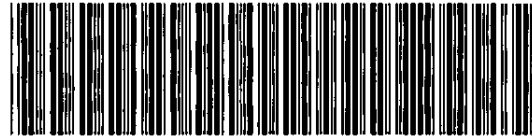
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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JAN 14 2014

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1# Dan's Auto Recycling and Dan's Auto Sales, 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:

Abdelhamead Elmasry
Name of Person

1# Dan's Auto Recycling, LLC
Firm/Company

18659 Madison Ave
Address

Orlando, Florida 32820
City/State and Zip Code

ElmasryAbdel@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AbdelHamead Elmasry at (407), 558-1240
Name of Person Area Code Daytime Telephone Number

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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

1# Dan's Auto Recycling and Dan's Auto Sales, 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 01/09/2009 and assigned Florida document number LO90000002702

This amendment is submitted to amend the following:

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

1# Dan's Auto Recycling, LLC

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)

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

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 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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Yolanda Mamlouk	18659 madison Ave	<input type="checkbox"/> Add
		Orlando, FL 32820	<input checked="" type="checkbox"/> Remove

MGRM	Abdelhamead Elmasry	18659 Madison Ave	<input checked="" type="checkbox"/> Add
		Orlando, FL 32820	<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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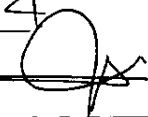
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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated January _____, 2014


Signature of a member or authorized representative of a member

Abdelhameid Elmasry

Typed or printed name of signee

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Filing Fee: \$25.00

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