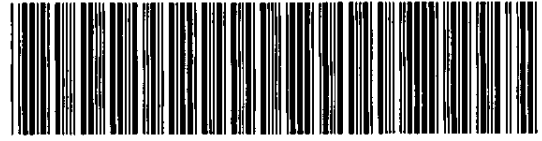


L09000002702



500245557865

L09-2702

02/04/14--01026--001 **30.00

FILED
14 JAN 17 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

NCAUSSEAU
1/28/14

ATT: Nqnette Causseaux
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1# Dan's Auto Recycling
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:

Khaldoun Mamlouk
Name of Person

1# Dan's Auto Recycling
Firm/Company

18659 Madison Ave
Address

Orlando FL 32820
City/State and Zip Code

Danthebest1964@AOL.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Khaldoun Mamlouk at 407-982-0606
Name of Person 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

 a box online at usps.com/pdboxes.
 Get your mail when and where you want it
 with a secure Post Office Box. Sign up for

 Order stamps at usps.com/shop or call
 1-800-Stamp24. Go to usps.com/clickship
 to print shipping labels with postage. For
 other information call 1-800-ASK-USPS.

Save this receipt as evidence of
 insurance. For information on filing an
 insurance claim go to
 usps.com/ship/file-domestic-claims.htm.
 Order stamps at usps.com/shop or call
 1-800-Stamp24. Go to usps.com/clickship
 to print shipping labels with postage. For
 other information call 1-800-ASK-USPS.

CHRISTMAS POST OFFICE
 CHRISTMAS, Florida
 327099998
 1169180312-0098
 (407)568-2941
 01/15/2014 01:08:39 PM
 Sale Receipt
 Product Description Qty Price Final Price
 TALLAHASSEE FL 32314 Zone-3
 Priority Mail Express 1-Day
 Flat Rate Env P0-add
 Label #:
 2.00 oz.
 E1296122675US
 Scheduled Delivery Day: Thu 01/16/14
 12:00PM - Money Back Guarantee
 Includes \$100 insurance
 Signature Required
 Return Rcpt (Green Card) \$2.55
 Issue PVI: \$22.50
 Total: \$22.50
 Paid by: Cash
 Change Due: -\$2.50

Article Addressed to:
 Division of Corporations
 P.O. Box 6329
 Tallahassee FL 32314

2. Article Number
 (Transfer from service label)
 PS Form 3811, February 2004

1. Complete items 1, 2, 6&7. Also complete
 item 4 if Restricted Delivery is desired.
 2. Mark your name and address on the reverse
 so that we can return the card to you.
 3. Attach this card to the back of the mailpiece
 or on the front if space permits.

3. Service Type
 Certified Mail
 Registered Mail
 Insured Mail
 Signature Required for Merchandise
 Registered Delivery / Return Receipt
 Signature Required for Merchandise
 Registered Mail
 Registered Delivery / Return Receipt
 Signature Required for Merchandise
 Registered Mail
 Registered Delivery / Return Receipt
 Signature Required for Merchandise

4. Restricted Delivery / Return Receipt
 Yes
 No

5. Signature
 JAN 17 2014
 6. Date of Delivery
 Address
 Signature

7. Return Receipt (if desired)
 Yes
 No

8. Is return address different from item 17?
 Yes
 No

9. Return Receipt (if desired)
 Yes
 No

10. Return Receipt (if desired)
 Yes
 No

11. Return Receipt (if desired)
 Yes
 No

12. Return Receipt (if desired)
 Yes
 No

13. Return Receipt (if desired)
 Yes
 No

14. Return Receipt (if desired)
 Yes
 No

15. Return Receipt (if desired)
 Yes
 No

16. Return Receipt (if desired)
 Yes
 No

17. Return Receipt (if desired)
 Yes
 No

18. Return Receipt (if desired)
 Yes
 No

19. Return Receipt (if desired)
 Yes
 No

20. Return Receipt (if desired)
 Yes
 No

407-440-2939

FROM: (PLEASE PRINT) PHONE: 407 440 2939
 #1 Dors Auto Recepting LLC
 18659 Madison Ave
 Orlando FL 32820

EXPRESS MAIL
 UNITED STATES POSTAL SERVICE®

Customer Copy
 Label 11-8, March 2004

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)
 Delivery Attempt Time AM PM Employee Signature
 Delivery Attempt Time AM PM Employee Signature
 Delivery Date Time AM PM Employee Signature

CUSTOMER USE ONLY
 PAYMENT BY ACCOUNT
 Express Mail Corporate Acct. No. _____
 Federal Agency Acct. No. or Postal Service Acct. No. _____
 Signature _____

TO: (PLEASE PRINT) PHONE: _____
 Division of Corporations
 P.O. Box 6329
 Tallahassee FL 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

1# Dan's Auto Recycling

(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 1/9/09 and assigned Florida document number L09000002702.

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 and Dan's Auto Sales 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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14 JAN 17 AM 9:30
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: _____

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

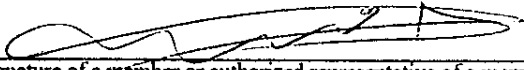
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Jan 15, 2014.


Signature of a member or authorized representative of a member

Shaldon Mamlouk
Typed or printed name of signer

FILED
14 JAN 17 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA