(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

G. MCLEOD

OCT - 5 2009

**EXAMINER** 



900161116939

10/02/09--01044--007 \*\*25.00

## **COVER LETTER**

TO:	Registration Section Division of Corp			
SUBJE	ECT:	Auto Sales	s of Tampa LLC	
		Name of Limit	ed Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
			Bonita Kornblith	
			Name of Person	
			Firm/Company	
13911 V		13911 V	<del> </del>	
	Tampa, FL 33635 City/State and Zip Code		,	
				ad the declaration and a second accordance and
	City/State and Zip Code			
		E-mail address: (to	esoftampa@hotmail.com  be used for future annual report notifice	tion)
For fur	ther information cor	ncerning this matter, please ca	all:	
		ta Kornblith		55-6389
	Name of I	erson	Area Code & Daytime	l'elephone Number
Enclos	ed is a check for the	following amount:		
<b>√</b> \$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

	Auto Sales of Tampa LLC		<u>.</u>		
(Name of the	Limited Liability Company as it now appea (A Florida Limited Liability Company)	ers on our records.)			
The Articles of Organization for this Lir	nited Liability Company were filed on	05/18/2009	and assigned		
Florida document numberL090	000047862				
This amendment is submitted to amend	the following:				
A. If amending name, enter the new i	name of the limited liability company he	<u>re</u> :			
	end with the words "Limited Liability Comp	any," the designation "I	LC" or the abbreviatio		
"L.L.C."					
Enter new principal offices address, it	f applicable:		SEC 71SII		
(Principal office address MUST BE A.	STREET ADDRESS)				
			<b>7</b>		
	**************************************		PROPER TO SERVICE TO S		
Enter new mailing address, if applica	bla:		- 020		
• • • • • • • • • • • • • • • • • • • •		······································	D ATE		
(Mailing address MAY BE A POST OF	<u> </u>		- 000		
		_			
B. If amending the registered ager registered agent and/or the new regist	nt and/or registered office address on tered office address here:	our records, enter 1	he name of the nev		
Name of New Registered Ager	nt:				
New Registered Office Address		Fi - I			
	E	Enter Florida street address			
		, Florida	<u> </u>		
	City		Zin 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 Title <u>Name</u> Address **Type of Action** Olale Kan Yusuf MGMR 13911 W Hillsborough Ave ✓ Add Remove Suite 303 Tampa, Fl 33635 ☐ Add ☐ Remove ☐ Add ☐ Remove ■Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Bonita Kornblith Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00