## L09000049451

(Requestor's Name)
(Address)
(Address)
(183,035)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FILEU 2009 SEP -4 PM 4: 13 SECRETARY OF STATE AN LAHASSEE, FLORIDI

C. LEWIS

SEP 8 2009

EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 12, 2009

CEAN B. ALNAJJAR INFINITI IMPORTS LLC. 8005 APPALOOSA DR. LARGO, FL 33773

SUBJECT: INFINITI IMPORTS LLC

Ref. Number: L09000049451

We have received your document for INFINITI IMPORTS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 409A00027484

## **COVER LETTER**

TO;	Registration Se Division of Co			
'SUBJE	·CT·	Infiniti	Imports LLC.	
SOBJE			ited Liability Company	<u> </u>
		•	•	
The end	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please 1	eturn all correspo	ondence concerning this matter	to the following:	
			Name of Person	
			Infiniti imports LLC.	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
			Address	
			Largo, FL 33773	
			City/State and Zip Code	
	n			
			nicchoice09@yahoo.con to be used for future annual report n	notification)
For furt	her information of	concerning this matter, please of	call:	
		an B. Alnajjar	at ( 718 )	877-3504
	Name o	f Person	Area Code & Day	time Telephone Number
Enclose	d is a check for t	he following amount:		
<b>\$25</b> .	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist	ING ADDRESS: ration Section on of Corporations	STREET/COU Registration Se Division of Co	

Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 



2009 SEP -4 PM 4: 13

Infiniti Impo (Name of the Limited Liability Compar (A Florida Limited L		2007 °	Y OF STATE
Infiniti Impo	orts LLC.	SEURLIANASS.	EE. FLURIDA
(A Florida Limited L	iability Company)	s on our records.	
The Articles of Organization for this Limited Liability Company	were filed on	5/21/2009	and assigned
Florida document number L0900049451	<u> </u>		0
i fortua document fidinoci			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	8005 Appaloc	sa dr.	
(Principal office address MUST BE A STREET ADDRESS)	Largo, FL 337	773	
	<del> </del>		
Enter new mailing address, if applicable:	8005 Appaloo	sa dr.	
(Mailing address MAY BE A POST OFFICE BOX)	Largo, FL 337	773	
•			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
······································		, Florida	7. (1. )
	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:

MGRM = M	anager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Egon W. Aronberg Jr	. 3567 Woodridge PI Palm Harbor, FI 34683	☐ Add ✓ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, e	nter change(s) here: (Attach additional sheets, if ne	ecessary.)
_	Eth August	0000	2009 SEP -4 SECRETARY TALLAHASSI
Dated	5th August	2009	P-4 PH 4: 13 ETARY OF STATE HASSEE. FLORIDA
	Signature	of a member or authorized representative of a member  CAN B. HUATTAR  Typed or printed name of signee	RIDA IS

Page 2 of 2

Filing Fee: \$25.00