L 09000068373

(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



700196000587

04/07/11--01019--006 **25.00

B. KOHR

APR 1 2 2011

EXAMINER

11 APR -7 AM 9: 20

COVER LETTER

Division of Co			V. 4.		
SUBJECT:					
	Name of Lim	ited Liability Company			
	f Amendment and fee(s) are su ondence concerning this matte	<u> </u>	TAPR-7 AM 9: 20		
	JABER ELABOUDI Name of Person				
1717 E. BUSCH BLVD. UNIT 1108					
Address					
baytechfl@gmail.com E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please		catony		
Tor further information	concerning this matter, piease t	.a.i.,			
	ber Elaboudi	446 \	965-3942		
Name (Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Should be seed to the seed of		

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

AUTOMOBILE DEPOT LLC.

1 MR 1 M 9: 20

(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appear da Limited Liability Company)	<u>'s on our records.</u>)	Ť
The Articles of Organization for this Limited Liabilit Florida document number		07/16/2009	and assigned
This amendment is submitted to amend the following	; ;		
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office a		ur records, <u>enter t</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	Ent	er Florida street addı	ess
	<i>(</i> 2.)	, Florida	7: 6:1
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGM	ORTIZ, WAGNER	8911 RAILFORD CT TAMPA, FL 33615	Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_
			_ _
_			_ _
Dated	M	Whank	<u></u>
	Signature of a member Jaher Type	er or authorized refresentative of a member Elaboudi d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00