

L10000075896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

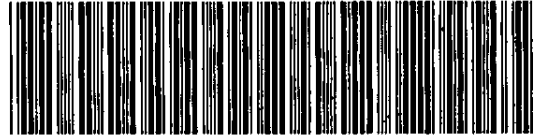
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300283913543

03/30/16--01012--015 **25.00

FILED
2016 APR - 1 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

APR - 4

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Saba Car Rental 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:

Zohair Saba

Name of Person

Firm/Company

1444 Portmoor Way

Address

Winter Garden FL 34787

City/State and Zip Code

Zohair Saba @ Gmail. Com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zohair Saba

Name of Person

at (321)

Area Code

439-5904

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SABA CAR RENTAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2016 APR -1 PM 3:20
CLERK OF CIRCUIT COURT
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned

Florida document number L 10000075896

This amendment is submitted to amend the following:

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

Ace Interior Renovation LLC

The new name must be distinguishable and contain 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)

1444 Portmoor Way

Winter Garden FL 34787

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:

Zohair Saba
~~Glenn W Dagher~~

New Registered Office Address:

1444 Portmoor Way

Enter Florida street address

Winter Garden, Florida 34787

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Glenn W. Dagher	1444 Portmoor Way	<input checked="" type="checkbox"/> Add
		Winter Garden FL.	<input type="checkbox"/> Remove
		34787	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 APR 20 PM 2:20
FALL KRAIGER, FL 32000

2016 APR - 1 PM
FBI
RECEIVED
FBI
RECEIVED

FILED
2016 APR -1 PM 3:21
FBI - NEW YORK
RECEIVED
APR 1 2016

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 03-28-2016,

[Handwritten signature]

Signature of a member or authorized representative of a member

ZOHAIR SABA

Typed or printed name of signee