

L11000017963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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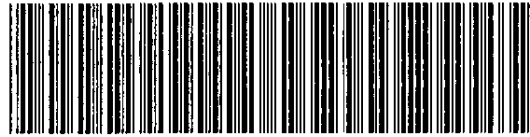
Special Instructions to Filing Officer:

289/304/671

Need Address for  
new mgrm.

you cannot change  
"effective date."

Office Use Only



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L11-17963

02/22/11--01046--017 \*\*25.00

Amend LLC

FILED  
11 MAR 11 AM 11:55  
TALLAHASSEE, FLORIDA

N. CAUSSEAU

MAR 15 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: H.A.S AUTO SALES OF TAUPA 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:

LAUIN D HARGANI  
Name of Person

HAS AUTO SALES OF TAUPA.  
Firm/Company

4118 GUNN HWY UNIT 29.  
Address

TAUPA FL 33618.  
City/State and Zip Code

LAUIN.HARGANI@GMAIL.COM.  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK HARGANI at (813) 699.4210 / 263.9809.  
Name of Person Area Code & Daytime Telephone Number  
LAUIN.

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 23, 2011

LAVIN D. HARJANI  
H.N.S. AUTO SALES OF TAMPA LLC  
6118 GUNN HWY., UNIT 29  
TAMPA, FL 33618

SUBJECT: H&S AUTO SALES OF TAMPA LLC  
Ref. Number: L11000017963

We have received your document for H&S AUTO SALES OF TAMPA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Need the "ADDRESSES" for the Managing Members. You cannot add or change an "EFFECTIVE DATE."

Please return 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) 245-6918.

Nanette Causseaux  
Document Specialist Supervisor

Letter Number: 411A00004604

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H & S Auto Sales of Tampa LLC  
(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 2/18/11 and assigned  
Florida document number L11000017963

FILED  
11 MAR 11 AM 9:55  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

This amendment is submitted to amend the following:

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

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 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:

MGR = Manager

MGRM = Managing Member

| Title | Name           | Address                                 | Type of Action   |
|-------|----------------|---|--|
| MGR   | CHARLES STAM   |   | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR   | LAUREN HARTANI | 4119 GUNN HIGHWAY #29<br>TAMPA FL 33618 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
11 MAR 11 AM 11:55  
TALLAHASSEE, FLORIDA

Dated MARCH 6 2011

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
LAUREN HARTANI  
Typed or printed name of signee