# L110000021760

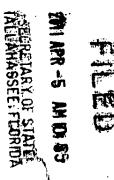
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| PICK-UP                 | ☐ WAIT             | MAIL      |  |
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C. LEWIS

APR 6 2011

EXAMINER

## **COVER LETTER**

| TO:             | Registration Sec<br>Division of Corp | uon -                                      | t <b>19</b>  | • • • • • • • • • • • • • • • • • • •  |
|-----------------|--------------------------------------|--|--|--|
| SUBJE           | %т. <del>**</del>                    | AUTOCAR SE                                 | RVICE CENTER LLC   |  |
| 30 <b>D</b> 0 E |                                      |  | ted Liability Company  |  |
| The end         | closed Articles of A                 | mendment and fee(s) are sub                | omitted for filing.  |  |
| Please          | return all correspon                 | dence concerning this matter               | to the following:  |  |
|                 |                                      |  | HAKAN TOKATLI  |  |
|                 |                                      |  | Name of Person   |  |
|                 |                                      |  | Firm/Company   |  |
|                 |                                      | 6  | 220 CARTMEL LANE   |  |
|                 |                                      |  | Address  |  |
|                 |                                      | WI   | NDERMERE FL 34786  |  |
|                 |                                      |  | City/State and Zip Code  | · · · · · · · · · · · · · · · · · · ·  |
|                 |                                      |  | OKATLI@YAHOO.COM to be used for future annual report notif       | (material)   |
| For furt        | her information cor                  | ncerning this matter, please c             | •  |  |
|                 |                                      | AN TOKATLI                                 |  | 692 5995   |
|                 | Name of I                            | Person                                     | Area Code & Daytim   | e Leiepnone Number   |
| Enclose         | ed is a check for the                | following amount:                          |  |  |
| \$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

FILED

291 APR -S AN ID SS

AUTOCAR SERVICE CENTER LLCSECRETARY OF STATES

(Name of the Limited Liability Company as it now appears on SALES AND SEE-FEORIDA

(A Florida Limited Liability Company)

| ·  |   |                                       |                             |                         |  |
|--|---|---------------------------------------|-----------------------------|-------------------------|--|
| The Articles of Organization for this Limited L                                      | Liability Company                             | were filed on                         | 02/21/2011                  | and assigned            |  |
| Florida document numberL1100002  | 1760  |                                       |                             |                         |  |
|  |   |                                       |                             |                         |  |
| This amendment is submitted to amend the fol   | lowing:                                       |                                       |                             |                         |  |
| A. If amending name, <u>enter the new name c</u>                                     | of the limited liab                           | ility company he                      | re:                         |                         |  |
|  |   |                                       |                             |                         |  |
| The new name must be distinguishable and end w<br>L.L.C."                            | ith the words "Limi                           | ted Liability Comp                    | any," the designation "L    | LC" or the abbreviation |  |
| Enter new principal offices address, if appli  | cable:  |                                       | ····                        |                         |  |
| Principal office address MUST BE A STREE   | ET ADDRESS)                                   |                                       |                             |                         |  |
|  |   | · · · · · · · · · · · · · · · · · · · | ,                           |                         |  |
|  |   |                                       |                             | 2012                    |  |
| Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX) |   |                                       | INTER GARDEN                | ROAD                    |  |
|  |   | SUITE: B                              |                             |                         |  |
|  |   | ORLANDO FL 32811 US                   |                             |                         |  |
| 3. If amending the registered agent and registered agent and/or the new registered o | Ç   |                                       | our records, <u>enter t</u> | he name of the nev      |  |
| Name of New Registered Agent:  | AHMET EN                                      | GIN                                   |                             |                         |  |
| New Registered Office Address:   | New Registered Office Address: 3527 MOLONA DR |                                       |                             |                         |  |
|  |   | Er                                    | nter Florida street addi    | ress                    |  |
|  |   | DRLANDO                               | , Florida                   | 32837                   |  |
|  |   | 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

|   | the Managers or Managing Membe<br>g Member being added or removed f | ers on our records, <u>enter the title, name, and addr</u><br>rom our record <u>s</u> : | ess of each Manager  |  |  |  |
|---|---|---|--|--|--|--|
| MGR = Manager<br>MGRM = Managing Member |   |   |  |  |  |  |
| <u>Title</u>                            | <u>Name</u>   | Address   | Type of Action   |  |  |  |
| MGR                                     | AUTOCAR STOP LLC  | 4901 OLD WINTER GARDEN ROAD<br>SUITE: B<br>ORLANDO FL 32811 US                          | Add Remove   |  |  |  |
|   |   |   | Add<br>Remove  |  |  |  |
|   |   |   | Add Remove   |  |  |  |
|   |   |   | Add<br>Remove  |  |  |  |
|   |   |   | Add<br>Remove  |  |  |  |
|   |   |   | Add<br>Remove  |  |  |  |
| D. If amend                             | ling any other information, enter cha                               | ange(s) here: (Attach additional sheets, if necessary.)                                 | •,   |  |  |  |
|   |   | SEE   |  |  |  |  |
|   | 3/31 ,  | 2011  | STATE OF STA |  |  |  |
|   |   | Halla   |  |  |  |  |
|   | Signature of a mem  | ber or authorized representative of a member  |  |  |  |  |
|   | Тур   | HAKAN TOKATLI  mod or printed name of signee  |  |  |  |  |

Page 2 of 2

Filing Fee: \$25.00