

L11 000060455

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

 **BRYAN**  
SEP 16 2011  
**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 6, 2011

FLORANSE MANSOUR  
AUTO PASS USA LLC  
1760 LAKE TERRACE DR  
EUSTIS, FL 32726

SUBJECT: AUTO PASS USA LLC  
Ref. Number: L11000060455

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for AUTO PASS USA 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 611A00020592

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

**AUTO PASS USA 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 05/23/2011 and assigned  
Florida document number L11000060455

This amendment is submitted to amend the following:

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

**AUTO PASS USA LLC**

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)**

2329 E MAIN ( US HWY 441 ) ST

LEESBURG FL 34748

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2329 E MAIN ( US HWY 441 ) ST

LEESBURG FL 34748

**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:**

FLORANSE MANSOUR

**New Registered Office Address:**

2329 E MAIN ( US HWY 441 ) ST

*Enter Florida street address*

LEESBURG

Florida

34748

*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.*

*Florance Mansour*  
**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GEORGE R MANSOUR	2329 E MAIN ST LEESBURG FL 34748	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SAM MANSOUR	1760 LAKE TERRACE DR EUSTIS FL 32726	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	RIAD M JABBOUR	2329 E MAIN ST LEESBURG FL 34748	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

9/12/11

*Florance Mansour*

Signature of a member or authorized representative of a member

FLORANCE MANSOUR

Typed or printed name of signee

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