

L11000145640

(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:

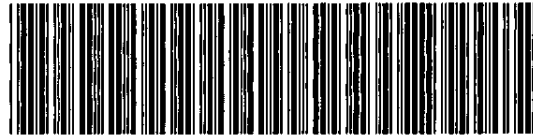
A

Office Use Only

B. KOHR

FEB 20 2012

EXAMINER



100221968011

02/17/12--01011--005 \*\*30.00

12 FEB 17 PM 3:20

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PRIDE IMPORTS 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:

**RUSSELL S. KOSS, ESQ.**

Name of Person

**LAW OFFICES OF RUSSELL KOSS**

Firm/Company

**1502 W. BUSCH BLVD., SUITE H**

Address

**TAMPA, FL 33612**

City/State and Zip Code

**LAWOFFICESKOSS@AOL.COM**

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

For further information concerning this matter, please call:

**CLAUDIA MEJIA**

Name of Person

at ( 813 )

**200-6103**

Area Code & Daytime Telephone Number

Enclosed 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

12 FEB 17 PM 3:20

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

**PRIDE IMPORTS LLC**

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

12 FEB 17 PM 3:20  
FILED  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/30/2011 and assigned  
Florida document number L11000145640.

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

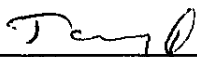
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u>                                  | <u>Type of Action</u>  |
|--------------|-------------|---|--|
| MGRM         | LI S. MING  | 920 E. 124TH AVENUE, SUITE F<br>TAMPA, FL 33612 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | SHOUMING LI | 920 E. 124TH AVENUE, SUITE F<br>TAMPA, FL 33612 | <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.)*

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

Dated FEBRUARY 10, 2012



\_\_\_\_\_  
Signature of a member or authorized representative of a member

TARIG R. MUGHAL

\_\_\_\_\_  
Typed or printed name of signee