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06/08/12--01018--010 \*\*25.00



SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO:

ΓO: Registration  → Division of C				
SUBJECT:	Tampa Bay Aut	o Sales & Leasing,LLC		
, car i		ted Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corre	spondence concerning this matter	to the following:	12 JA 28	
		Farid Ouaoukorri		
		Name of Person	Ö	
	Tampa B	Tampa Bay Auto Sales & leasing,LLC		
		Firm/Company	<u></u>	
	13365	13365 Arbor Pointe Cir Apt# 203		
		Address		
		Tampa,FL 33617		
•		City/State and Zip Code		
		pabayfinest1@gmail.com to be used for future annual report notif	ingtion	
For further information	on concerning this matter, please	•	(Catton)	
·	arid ouaoukorri	at ( 813 )	4517677	
	ne of Person	Area Code & Daytim	e Telephone Number	
		:		
Enclosed is a check fo	or 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)	
Reg Div P.O	AILING ADDRESS: gistration Section ision of Corporations . Box 6327 lahassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tampa Bay	<u>Auto Sa</u>	<u>les &amp; Leasing</u>	,LLC	
(Name of the Limited Liab) (A Florid	lity Compan da Limited L	iy as it now appears iability Company)	on our records.)	~ · · · ·
The Articles of Organization for this Limited Liability Florida document number	y Company 	were filed on	05/04/2012	and assigned
This amendment is submitted to amend the following	:			
A. If amending name, <u>enter the new name of the l</u>	<u>imited liabi</u>	lity company here	:	
Tampa Ba	y's Finest	Auto Sales.LLC	,	
The new name must be distinguishable and end with the "L.L.C."	words "Limit	ed Liability Compar	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		2717 N 34TH ST		
(Principal office address MUST BE A STREET ADDRESS)		TAMPA,FL 33605		
Enter new mailing address, if applicable:		P.O.BOX 1624	7	
(Mailing address MAY BE A POST OFFICE BOX)	!	TAMPA,FL 33617		
B. If amending the registered agent and/or registered agent and/or the new registered office a  Name of New Registered Agent:  Jih		<b>:</b>	ır records, <u>enter f</u>	he name of the new
New Registered Office Address: 27	17 N 34TI		er Florida street add	*255
		TARADA		
		TAMPA City	, Florida	33605 Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:	<b>0.1.</b> 9		2.p code
I hereby accept the appointment as registered age the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	nt and agree and compl d agent as pered office ge.	ete performance of provided for in Cha address, I hereby	f my duties, and I a apter 608, F.S. Or,	m familiar with and if this document is nited liability

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Nanaging Member		à
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
<del></del>			Add Remove
· ·			Add Remove
			Add Remove
····			Add Remove
			Add Remove
D. If amend	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
_			<del>-</del>
_			_
			_
Dated	,		<del></del>
		or authorized representative of a member	·
	Jihade Elabou		
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00