

L12000117620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

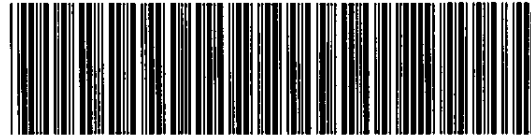
L12-117620

(Document Number)

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2014 JAN 16 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JAN 16 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2013

BASSAM J ALSALEH
4815 E. BUSCH BLVD.
SUITE 213
TAMPA, FL 33617

SUBJECT: TRANSPORT AUTO EXPRESS LLC
Ref. Number: L12000117620

We have received your document for TRANSPORT AUTO EXPRESS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 113A00028267

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **TRANSPORT AUTO EXPRESS 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:

BASSAM J ALSALEH

Name of Person

ACCOUNTING AND MORE OF TAMPA

Firm/Company

4815 E. BUSCH BLVD. STE. 213

Address

TAMPA, FL. 33617

City/State and Zip Code

BASSAMJ2007@YAHOO.COM

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

For further information concerning this matter, please call:

BASSAM J ALSALEH

Name of Person

at **813 760-7658**

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2014 JAN 16 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSPORT AUTO EXPRESS, 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 09/14/2012 and assigned
Florida document number L12000117620.

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:

5604 WILLIAM GRANT WAY #103

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL. 33610

Enter new mailing address, if applicable:

5604 WILLIAM GRANT WAY #103

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL. 33610

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:

MOHAMMAD K. ELTAYYEB

New Registered Office Address:

5604 WILLIAM GRANT WAY #103

Enter Florida street address

TAMPA

City

, Florida 33610

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 605, 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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MOHAMMAD K ELTAYYEB	5604 WILLIAM GRANT WAY #103	<input checked="" type="checkbox"/> Add
		TAMPA, FL. 33610	<input type="checkbox"/> Remove
MGR	BELAL A SALEH	737 PROVIDENCE TRACE CIR #202	<input type="checkbox"/> Add
		BRANDON, FL. 33511	<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
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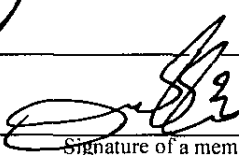
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

1/1/14

X 

Signature of a member or authorized representative of a member

MOHAMMAD ELTAYYER

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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2014 JAN 16 PM 4:10
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TALLAHASSEE, FLORIDA