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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

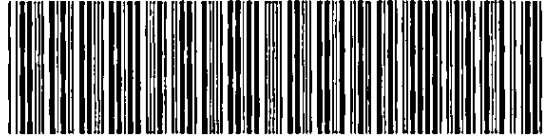
(Business Entity Name)

(Document Number)

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J. J. EGGETT
JUN 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAN Auto Transport, 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:

Randa Alzin
Name of Person

RAN Auto Transport, LLC
Firm Company

600 Riverview Ave
Address

Altamonte Springs, FL 32714
City/State and Zip Code

ran auto 1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randa Alzin at (407) 402-1716
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

RAN Auto Transport, LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Randa Alzin	600 Riverview Ave	<input type="checkbox"/> Add
		Altamonte Springs, FL 32714	<input type="checkbox"/> Remove
		from 100% to 98% ownership	<input checked="" type="checkbox"/> Change
AMBR	Mubeen Alghaze	600 Riverview Ave	<input checked="" type="checkbox"/> Add
		Altamonte Springs, FL 32714	<input type="checkbox"/> Remove
		2% ownership	<input type="checkbox"/> Change
AMBR	Hussam Alghaze	516 One Center Blvd, Apt 305	<input checked="" type="checkbox"/> Add
		Altamonte Springs, FL 32701	<input type="checkbox"/> Remove
		2% ownership	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: 6/20/2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____, _____.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Typed or printed name of signee