# U3000070705

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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. (Do	cument Number)	
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B. BOSTICK AUG - 5 2013

**EXAMINER** 

# **COVER LETTER**

TO:	Registration Division of C		ns						
SUBJE	CCT:	CAR	EX PO Name of I.	LL imited L	iability Company				
The en	closed Articles	of Amendi	ment and fee(s) are	submitte	ed for filing.				
Please	return all corre	spondence	concerning this ma	atter to th	e following:				
			Ham	id	Hassani Name of Person	·····			,
			CAR	EXP	Firm/Company	·			
			240	He	Mley Loop Address	· ·			
		<del></del>				3/2	SECRES	3 AUG -5	
			γ∈ <b>z</b> E-mail addre	AZA ess: (to be	d @ yaheo, Co used for future annual report notificat	ion)	が行う	5 PH 12: 16	
			ng this matter, plea			•	SEA MARIS	3: 16	
Ha	mid /	Hassa ne of Person	ni		at (8) 59/- Area Code & Daytime T	elephone Number	<b>—</b>	<b>.</b>	
Enclos	sed is a check for	or the follo	wing amount:						
□ \$2:	5.00 Filing Fee	□\$3	30.00 Filing Fee & Certificate of State		□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Certificate of Certified Co (additional of	of Status &	osed)	

### 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

CAR EXPO	LLC	•
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on o a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on <u>5</u> // 20/705	$\frac{4/2013}{2013}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	<u> </u>
Enter new mailing address, if applicable:		SEORE PAR SEORE PAR SHAPASS
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		records, enter the name of the new
Name of New Registered Agent:		·
New Registered Office Address:	Enter F	Clorida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Man MGRM = M	iager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Hamid Hassan	7 all. FL 32312	Add
		Tall. FL 32312	Remove
MGRM	Babak Hassani	240 Hemley Loop Tall FL 32312	Add
		Tall FL 323/2	Remove
***************************************			Add
			Remove
			<u> </u>
	·		AUG FA
			Remov Remov
			HIZ: 16
<del></del>		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			Add
			Remove

If an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ed _	8-5-13
	Signature of a member or authorized representative of a member
	H. HASSIFIANCE OF MANINE OF MANINE
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00