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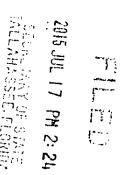
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COVER LETTER

	egistration Se ivision of Cor			
OLUB IN OT		RN AUTOMOTIVE & SALES	LLC	
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		MAHMOUD M HAMED		
			Name of Person	
		FIRST TURN AUTOMOT	TIVE & SALES LLC	
			Firm/Company	
		3904 N FLORIDA AVE		
			Address	
		TAMPA, FL 33603		
			City/State and Zip Code	
		TAXACT99@YAHOO.CO		
			to be used for future annual report noti	fication)
For further	information co	oncerning this matter, please ca	all [.]	
MAHMOU	For further information concerning this matter, please call MAHMOUD M HAMED 813 420-4437 at ()			
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne 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)

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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

FIRST TURN AUTOMOTIVE &				_
(Name of the Lin	nited Liability Company as it n (A Florida Limited Liability C	ompany)	<u>)</u>	
The Articles of Organization for this Limited Florida document number £14000020167	Liability Company were file	ed on 02/05/2014	and a	assigned
his amendment is submitted to amend the fo	llowing:			
a. If amending name, enter the new name	of the limited liability con	apany here:		
he new name must be distinguishable and contain the	words "Limited Liability Compa	any," the designation "LLC"	or the abbreviation '	"L.L.C."
nter new principal offices address, if appli	icable:	· · · · · · · · · · · · · · · · · · ·		
Principal office address MUST BE A STRE	ET ADDRESS)			·
inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	 E BOX)		200	
				· market
			- 138 - 138	
. If amending the registered agent and egistered agent and/or the new registered of		iress on our records,	enter the nam	e of the
Name of New Registered Agent:	MAHMOUD M HAMEI	D	型点 2 4	
New Registered Office Address:	7814 WEXFORD PARK	CDR APT 102		
		Enter Florida street address		
	ТАМРА	, Flo	rida <u>33610</u>	
	City		Zip Coa	le

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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = N AMBR = A	Aanager Authorized Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	YOUSEF M HAMED	7814 WEXFORD PARK DR	
		TAMPA, FL 33610	■ Remove
			☐ Change
AMBR	MAHMOUD M HAMED	7814 WEXFORD PARK DR 102	Add
		TAMPA, FL 33610	Remove
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Effective data if	fathay than the data	of filings		(opti	न्त्रीतारे 🐙	
Note: If the date	f other than the date listed, the date must be sp inserted in this block do ive date on the Departn	es not meet the appli-	cable statutory filir	iore than 90 days after	r filing.) Pursuant te	o 605.020 e listed a
	ifies a delayed effe after the record is		ot an effective	ime, at 12:01 a	a.m. on the e	arlier o
Dated JUNE 197	rh	, 2015		>		
	Signat	ture of a member or auth	norized representative	of a member		

Page 3 of 3

Filing Fee: \$25.00