Division of Corporations Electronic Filing Cover Sheet

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Account Name : ASMA & ASMA, P.A.

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**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RYAN AUTO SALES LLC

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JAN 25 2017

Electronic Filing Menu

Corporate Filing Menu

Help

RYAN AUTO SALES, LLC

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liai (A Flor	bility Compani rkla Limited Lie	r es it de er noncers on d ability Company)	ur records.)		
The Articles of Organization for this Limited Liability Florida document number L14000062255	y Company w	vere filed on 4/16/20	141	and assigned	
This amendment is submitted to amend the following	:				
A. If amending name, enter the new name of the l	imited liabil	ity company here:	•	TÄLL TÄLL	
The new name must be distinguishable and contain the words "I	Limited Liabilit	y Company," the designa	tion "LLC" or the abbrevia	·	
Enter new principal offices address, if applicable:				AS:	
(Principal office address MUST BE A STREET AD	DRESS)	12822 W Colonial D	rive	717 379 (110)	
		Winter Garden FL 34	787	<u> </u>	
Futer new mailing address if applicable				8: 4.0	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12822 W Colonial D	rive	<i>></i>	
		Winter Garden FL 34787			
B. If amending the registered agent and/or re- registered agent and/or the new registered office a Name of New Registered Agent: Sa			records, enter the	name of the new	
Name of the Windshift Address 12822 W Colonial Drive					
New Registered Office Address:	Enier Florida sireet address				
w	inter Garden		, Florida _34787		
	 ·	City		ip Code	
New Registered Agent's Signature, if changing Regist	ered Agent:				
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an 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 change	d complete p d agent as p tered office t	performance of my rovided for in Chap address, I hereby co	duties, and I am fami Her 605, F.S. Or, if th Infirm that the limited	liar with and is document is	

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If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
MGR	MIKE RAYAN	9217 LEELAND ARCHER BLVD	
		ORLANDO FL 32836	■ Remove
			Change
MGR	FOUAD EL BABA	9533 WICKHAM WAY	□ Add
		ORLANDO FL 32836	E Remove
			77
MGR	SAFOUAN SELMI	12822 W COLONIAL DRIVE	Charge
		WINTER GAROEN FL 34787	
			[] Add
			Remove
			Change
			□ Remove
			Change
			🗅 Add
		<u> </u>	☐ Remove
			Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar)	v.)
	
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Effective date, if other than the date of filling: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. b) The 90th day after the record is filed.	on the earlier of:
Dated 12-21-16 Signature of it member for puther wind represibilities of it incombar	
Mike Raylan Typod orprinted name of signee	
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Filing Fee: \$25.00