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S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: A MOSA MULC  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:
GAMAL MARWAN Name of Person
Firm/Company
1521 ALTON Rd., STE 536
Miami Beach FL 33139 = I
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gamal Marwan at 305 So 5 7659 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed)  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** 

AUTOGA	+M, LLC
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  The new name must be distinguishable and contain the words "Limited Liab	V ROAD, LLC
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u>्र</u> >≅ <b>ज</b>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	FILED 28 ED
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
N. D	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>

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 = Manager AMBR = Authorized Member **Title Name** Type of Action David Brown 1521 Alton Rd., STESTAND Mian; Beach Fl 33139 Remove □ Change AMBR MONA ABOEL NASSER 1521 Alton Rd. STE S36 @ Remove Miami Beach FL 33139 Change □ Add \_\_\_ Add≟ - □ Remove □ Change □ Add □ Remove ☐ Change □ Add □ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or rêmoved from our records:

\_□ Change

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an effective date is listed, the date must be lote: If the date inserted in this block	does not meet the appli	cable statutory filing r	equirements, this da	ng.) Pursuan ate will not	be listed	l as t
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Page 3 of 3

Filing Fee: \$25.00