L14000153836

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COVER LETTER

TO:

Registration Section

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Co	orporations		
SPEEDV SUBJECT:	VAY PLUS 2 CAR CARE CENT	ER LLC	
	Name of Limi	ted Liability Company	
Γhe enclosed Articles o	of Amendment and fee(s) are subt	nitted for filing.	
	pondence concerning this matter	_	
	OSAMA M MOUSA		
		Name of Person	
	SPEEDWAY PLUS 2 CAF	CARE CENTER LLC	
		Firm/Company	
	3511 E. HILLSBOROUGH	I AVE	
		Name of Person 2 CAR CARE CENTER LLC Firm/Company OUGH AVE Address City/State and Zip Code OO.COM dress: (to be used for future annual report notification)	
	TAMPA, FL 33610		
		City/State and Zip Code	
	TAXACT99@YAHOO.CO		ication)
For further information	1 concerning this matter, please co		iounon)
	r concerning this matter, piease of		
OSAMA MOUSA		at (
Nam	e of Person	Area Code Daytime	s retepnone Number
Enclosed is a check for	r the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
МА	ILING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPEEDWAY PLUS 2 CAR CARE CENTER LLC

(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compar	pears on our records.)
The Articles of Organization for this Limited I Florida document number L14000153836	Liability Company were filed on	04/27/2015 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	y here:
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		5
		O m
Enter new mailing address, if applicable:		多い 2 四
Mailing address MAY BE A POST OFFICE		- FO
Muning universimal BE A POST OFFICE	<u></u>	
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		on our records, enter the name of the n
egistered agent and/or the new registered of	office address here:	
Name of New Registered Agent:	OSAMA MOUSA	
New Registered Office Address:	3511 E. HILLSBOROUGH A	VE
···	Enter	Florida street address
	TAMPA	, Florida ³³⁶¹⁰

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
AMBR	ANOWAR A ALRHEEL	10353 COUNCILS WAY	
		TAMPA, FL 33617	■ Remove
			□ Change
AMBR	IMAD TOUBEH	8007 GLENOAK CT.	_ _Add
		TAMPA, FL 33610	□ Remove
			□ Change
-			Add
			Ghange Control Remove
		☐ Change	
			Add
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ective date, if other than the date o	of filing:		_(optional)	
n effective date is listed, the date must be spe te: If the date inserted in this block document's effective date on the Department.	es not meet the applicable :	e of filing or more than 90 o statutory filing requirem	lays after filing.) Pu ents, this date will	rsuant to 605.02 not be listed
record specifies a delayed effec The 90th day after the record is	ctive date, but not an s filed.	effective time, at 1	.2:01 a.m. on	the earlier
DECEMBER 15	2016			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00