L15000034095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUL 14 2025

Office Use Only

300454205903

FILED
2025 JUL 11 PM 8:23

FILED
2025 JUL 11 PM 4:34

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: $25.00
Authorization Signature

888 auto LLC

Business Name #Document

___ **Certified Copy of Articles of**

___**Certificate of Status**

NEW FILINGS

____ Profit
____ Not for Profit
___ LLC
____ Domestication
___ INC
___ CORP
___ LP

AMENDMENTS

__X__Amendment
____Resignation of R.A.
____ Change of Registered Agent
____ Revocation of Dissolution
___ Conversion
___ Statement of Authority
____ Merger
____ REVOCATION OF DISSOLUTION

OTHER FILINGS

____TRANSMITTAL LETTER

____Fictitious Name

___
____ Statement of Authority

____ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

__ Foreign Filing
____Partnership
____Reinstatement
____ Statement of CORRECTION

____Domestication of a Foreign Corp.

_____ ____Other

EXAMINER'S INITIALS:_____

TO WHOM IT MAY CONCERN

Although all information is updated through the annual report, updated articles of organization is requested from my bank. Please accept amendment for documentation for the bank , thank you Florian Saladigo 888 AUTO LLC

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 888 auto llc
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:

Florian J Saladigo
Name of Person

888 auto llc
Firm/Company

6227 blanding blvd
Address

jacksonville fl 32244
City/State and Zip Code

auto888fl@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Florian J Saladigo at (904) 9942724
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2025 JUL 18 AM 8:23

888 AUTO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 25, 2015 and assigned Florida document number L15000034695.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

6227 blanding blvd Jacksonville Fl 32244

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6227 BLANDING BLVD JACKSONVILLE FL, 32244

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Florian J Saladigo

New Registered Office Address: 6227 blanding blvd
Enter Florida street address

Jacksonville, **Florida** 32244
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 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

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	ABDULRAHMAN ABDULAL	3952 Atlantic BLVD unit F21	☐ Add
		Jacksonville FL 32207	☒ Remove
			☐ Change
AMBR	AHMED ALMIDANI	3952 Atlantic BLVD unit F21	☐ Add
		Jacksonville FL 32207	☒ Remove
			☐ Change
MGR	Florian Saludigo III	6227 BLANDING BLVD	☒ Add
		Jacksonville FL 32244	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. **If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

E. **Effective date, if other than the date of filing: _____ (optional)**
(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.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 7-11-2025

Signature of a member or authorized representative of a member

Florian Saliuisd

Typed or printed name of signee