L15000081000

_ (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:
i	

Office Use Only



400276163474

08/19/15--01005--002 **25.00

PILED
2015 AUG 19 AM II: 46
SEURETARY OF STATE

K.SALY EXAMINER AUG 21 2015

COVER LETTER

	Registration Sec Division of Corp			
cuntro		TO SALES OF ORLANDO	LLC	
SUBJEC	l:	Name of Lim	ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspor	ndence concerning this matter	to the following:	
		REEM ABUQALBAIN		
			Name of Person	
		ROYAL AUTO SALES O	F ORLANDO LLC	
			Firm/Company	
		12822 W. COLONIAL DI	₹	
		***************************************	Address	
		WINTER GARDEN, FL	34787	
			City/State and Zip Code	······································
		NAWRAS99@HOTMAIL		
		E-mail address: (to be used for future annual report notifi	cation)
For furthe	er information co	ncerning this matter, please co	all:	•
REEM A	BUQALBAIN		850 319-9696 at ()	
	Name of	Person		Telephone Number
Enclosed	is a check for the	e following amount:		
\$ 25.0	0 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

10	~
ARTICLES OF ORGANIZAT	$10N \qquad -11 \sim$
OF	2 12 67
V 1	2015 ALIC
ROYAL AUTO SALES OF ORLANDO LLC	2015 AUG 19 AM 11: 46
	on our records ALLAS TARY
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.) SECRETARY OF STATE ALLAHASSEE, FLORIDA 17/2015 and assigned
The Articles of Organization for this Limited Liability Company were filed on 05/0	7/2015 and assigned
Florida document number L15000081000	
Fiorida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	φ.
A. If amending name, enter the new name of the numer habitity tempany ner	<u>e</u> .
The new name must be distinguishable and contain the words "Limited Liability Company," the des	2 - 1 C 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -
the new name must be distinguishable and contain the words. Elimited Elability Company, the des	agnation EEC of the abbreviation E.E.C.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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:	our records, enter the name or the new
Name of New Registered Agent:	
Manie of New Registered Agent.	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

Florida

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	JIM ABDIN	8536 SUMMERVILLE PL	Add
		ORLANDO, FL 32819	Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Add Add
			T A Remove
			SET Change
			Add TALLAHASSEE, FLORIDA Add SECRITARY Dr. STEE FLORIDA
			च्ये □ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change

	,				
		<u> </u>			
					,
					2815 AUG 19 SECKETAR FALLAHASS
					FC B
					E OF
					SEE FLORIE
					<u></u>
					
		-			
ective date, if other the	an the date of fili	ing: 08/01/2015	to date of filing or mon	(option than 90 days after f	nal) iling.) Pursuant to 605.020
te: If the date inserted incument's effective date of	this block does no	t meet the applica			
record specifies a d The 90th day after t			an effective tin	ne, at 12:01 a.	m. on the earlier o
AUGUST 1		2015			
	1				
	an to	TROU	rized representative of		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00