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ECRETARY OF STATE ALL AHASSEE. FLORIDA

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## **COVER LETTER**

	ion Section of Corporations	
SUBJECT:	Khalin Luxury CAR Service L.C.C Name of Limited Liability Company	
The enclosed Art	les of Amendment and fee(s) are submitted for filing.	
Please return all	rrespondence concerning this matter to the following:	
	Khalil M ElMA5/21  Name of Person	
	Firm/Company	
	1950 Lee Rd WINTER PARK Fl. 3278	9
	City/State and Zip Code  Khali Elmas Ri Dyahoo. Com  E-mail address: (to be used for future annual report notification)	
For further inform	tion concerning this matter, please call:	
KHA!	ame of Person at (321) 295-6975  Area Code Daytime Telephone Number	
Enclosed is a che	for the following amount:	
\$25.00 Filing	ee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status 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

(Name of the Limited Liability Compa) (A Florida Limited L.	VRY CAR COMPANY  NY Sit now appears on our records.)
The Articles of Organization for this Limited Liability Company  Florida document number 15000197 980	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

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

$\mathbf{AMBR} = \mathbf{A}$	uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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amen	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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n effec ote: If	e date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
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ted _	16.28-2015.
ted _	12.28-2015 RQOOER ' ' ' ' ' '
ted _	RROOCE 1
ted _	Signature of a member or authorized representative of a member  Khalil M ElMASR,
ited _	Signature of a member or authorized representative of a member  Khali M Elmasa, 1997  Typed or printed name of signee
ited _	Signature of a member or authorized representative of a member  Khalil M ElMASR,