

L16000033828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

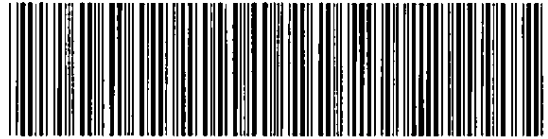
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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800415567078

LLC Amend

09/19/23--01002--021 **75.00

FILED
2023 SEP 19 PM 12 47
RECEIVED
2023 SEP 19 PM 12 47
CLERK OF COURT
ALABAMA
ALABAMA

A. RAMSEY

SEP 19 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3 GUYS OF TALLAHASSEE 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:

ALMUTASEMBELLAH (JAY) JUBRAN

Name of Person

3 GUYS OF TALLAHASSEE LLC

Firm/Company

2259 W TENNESSEE ST

Address

TALLAHASSEE, FL 32304

City/State and Zip Code

JJUBRAN@CHAMPIONAUTOFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAY JUBRAN

850

508-8119

at (_____) _____

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

2023 SEP 19 PM 12 47

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SANA JUBRAN	10545 VALENTINE ROAD S	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MUHANNAD JUBRAN	10545 VALENTINE ROAD S	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALMUTASEMBELLAH JUBRAN	3028 BIRDHURST CT	<input type="checkbox"/> Add
		TALLAHASSEE, FL 32317	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00