

L16 0000 48361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

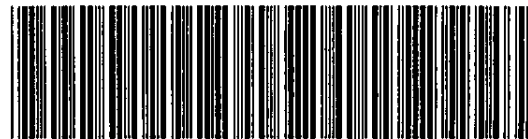
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400290357364

09/19/18--01048--015 **25.00

FILED
16 SEP 19 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 20 2018
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Your Car Safe, 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:

Glenn G. Boruty

Name of Person

The Elite Auto Detailing, LLC

Firm/Company

13773 N. Nebraska Ave.

Address

Tampa, FL 33613

City/State and Zip Code

theeliteautodetailing@gmail.com

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

For further information concerning this matter, please call:

Glenn G. Boruty

Name of Person

813 843 2273
at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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
OF**

Your Car Safe, 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 3/08/2016 and assigned
Florida document number L16000048361

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
16 SEP 19 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

, Florida

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 | Ramy Mohamed Zaki Nasr | 11705 Boyette Rd. | <input checked="" type="checkbox"/> Add |
| | | Suite 240 | <input type="checkbox"/> Remove |
| | | Riverview, Fl 33569 | <input type="checkbox"/> Change |
| AMBR | Laila Hazem Elkalza | 11705 Boyette Rd. | <input checked="" type="checkbox"/> Add |
| | | Suite 240 | <input type="checkbox"/> Remove |
| | | Riverview, Fl 33569 | <input type="checkbox"/> Change |
| AMBR | Glenn G. Boruty | 13773 N. Nebraska Ave. | <input type="checkbox"/> Add |
| | | Tampa, Fl 33613 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 16 2019 12:57

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)

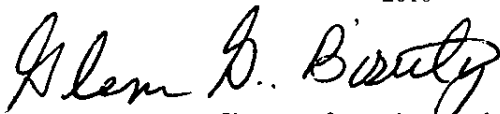
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 9/15

2016



Signature of a member or authorized representative of a member

Glenn G. Boruty

Typed or printed name of signee

FILED
15 SEP 19 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA