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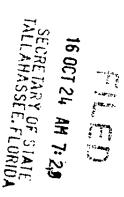
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Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Se Division of Cor							
Car Spin A							
Name of Limited Liability Company							
	f Amendment and fee(s) are submitted for filing.						
	Fatin Ittayem						
	Name of Person	-					
	Car Spin Auto LLC						
	Firm/Company	_					
	14537 S. Military Trail STE# B						
	Address	_					
	Delray Beach, FL 33484						
	City/State and Zip Code	_					
	fatina@wirelesspcs.com E-mail address: (to be used for future annual report notification)						
For further information c	concerning this matter, please call:						
Fatin Ittayem	561 900-0499 Ext 307						
Name o	of Person at () Area Code Daytime Telephone Number	er					
Enclosed is a check for the	the following amount:						
□ \$25.00 Filing Fee	(additional copy is enclosed) Certifie	Filing Fee, cate of Status & cd Copy al 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

Car Spin 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 3/18/2016 and assigned Florida document number L16000056101 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 "LLC." 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, enterthe 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:

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

<u>Title</u>	Name	Address	Type of Action
AMBR	Moeen H. Khalil		
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an effective date is listed, the date must be specific and cannot be prior to ote: If the date inserted in this block does not meet the applicab	date of filing or more than 90 days after filing.) Pursua le statutory filing requirements, this date will no	int to 605.020 of be listed a
ocument's effective date on the Department of State's records.	, , ,	
record specifies a delayed effective date, but not	an effective time, at 12:01 a.m. on the	e earlier o
The 90th day after the record is filed.		
, October 18 2016		
ated,	- *	
frekled.		
Signature of a member or authori	zed representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00