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D. SCOTT AUG 2 8 2017

COVER LETTER

	tration Section of Corp			
	NEW TAM	PA AUTO CARE, LLC.		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return a	Il correspor	ndence concerning this matter	to the following:	
		BASSAM ALSALEH		
			Name of Person	
		ACCOUNTING AND MO	DRE OF TAMPA	
			Firm/Company	
		4815 E. BUSCH BLVD. S	TE. 213	
			Address	
		TAMPA, FL. 33617		
			City/State and Zip Code	<u> </u>
		BASSAMJ2007@YAHOO		
		E-mail address: (to be used for future annual report notific	cation)
For further info	ormation co	oncerning this matter, please co	all:	
BASSAM AL	SALEH		813 760-7658	
	Name of	Person		l'elephone Number
Enclosed is a c	theck for th	e following amount:		
■ \$25.00 Fili	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
	Registra	NG ADDRESS: ation Section of Corporations ox 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW TAMPA AUTO CARE, LLC.		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 04/28/2016	and assigned
Florida document number L16000168705		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		enter the name of the ne
Name of New Registered Agent:		o
New Registered Office Address:		<u> </u>
	Enter Florida street address Flori	da Zip Code=
	City	Zip Code-
ew Registered Agent's Signature, if changing Registered Agent	gent:	φ

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany 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>	<u>Name</u>	Address	Type of Action
Ambr	MUSTAFA A. AZZAM	10867 CROSS CREEK BLVD.	
		TAMPA, FL. 33647	🛢 Remove
			Change
MGR	MAHMOUD M. HAMED	10867 CROSS CREEK BLVD.	_
		TAMPA, FL. 33647	Remove
			Change
			Add
			Remove
			☐ Change
			☐ Remove
			Change
			Add T
			Remove;
			2; □ Add
		Remove	
			Change

If amending any other information, enter change(s) here: (Attach a	additional sheets, if necessary.)
08/20/2017	S T
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing)	ig or more than 90 days after filing.) Pursuant to 605.0207
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the state of the first of the state of t
	<u>ي </u>
he record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier of:
2/	
Dated $8/2/$ $20/7$	
N AA A	
Signature of a member or authorized representation	ntative of a member
MUSTAFA A. AZZAM	
Typed or printed name of sig	nee

Page 3 of 3

Filing Fee: \$25.00