L170002100446

(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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2017 OCT 20 FH 2: 51

DET 23 2027 J. HARRIS

COVER LETTER

TO:	Registra Division	on Section F Corporations	
CUIDI		ican Autos LLC	
SUB	IECT:	Name of Limited Liability Company	
The c	nclosed Art	les of Amendment and fee(s) are submitted for filing.	
Pleas	e return all o	rrespondence concerning this matter to the following:	
		Amin Hussein	
		Name of Person	
		American Autos LLC	
		Firm/Company	
		1004 Flamingo Dr	
		Address	
		Leesburg, FL 34748	
		City/State and Zip Code	
		amin.hussein05@gmail.com	
		E-mail address: (to be used for future annual report notification)	
For fi	arther inforn	tion concerning this matter, please call:	
Amir	Hussein	352 8747217 at ()	
		ame of Person Area Code Daytime Telephone Number	_
Enclo	sed is a che	for the following amount:	
₽ \$	25.00 Filing	Tee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing F	tatus &

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

American Autos LLC			
(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)	
he Articles of Organization for this Limited I forida document number L17000210046		ed on 10/10/2017	and assigned
his amendment is submitted to amend the fol			
If amending name, enter the new name	of the limited liability com	ipany here:	
he new name must be distinguishable and contain the	words "Limited Liability Compa	uny," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		<u>* 22 </u>
Principal office address MUST BE A STRE	ET ADDRESS)		
			# C 4m4
			20
Inter new mailing address, if applicable:			中国 5
(Mailing address MAY BE A POST OFFICE BOX)			; _ ;;
Muning address WAT DE A TOST OFFICE			- C
3. If amending the registered agent and egistered agent and/or the new registered of	*.*	iress on our records, <u>en</u>	ter the name of the
Name of New Registered Agent:	Amin Hussein		
	LOOA Planting - Du	· · ·	
New Registered Office Address:	1004 Flamingo Dr	Enter Florida street address	
			2.4740
	Leesburg City	, Florida	2 34 /48 Zip Code
	City		zip Coae

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>	<u>Name</u>	Address	Type of Action
CEO	Amin Hussein	1004 Flamingo Dr	Add
		Leesburg, Fl 34748	☐ Remove
		 	Add
			□ Remove
			Change
			□ Remove
			☐ Change
			☐ Remove
			□ Shange □ Add
			Remove
			Change
			Add
			Remove
			Change

Amin Hussein will take				-		
Anni Hussell Will lake	The same of CLV.					
Thank you				···	<u>.</u>	
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		 			•	
						
			*** **		<u> </u>	
						
	 -					
ffective date, if other tha	n the date of filin	ng:		(option	ıal)	
an effective date is listed, the da ote: If the date inserted in to becument's effective date on	te must be specific an his block does not	d cannot be prior to meet the applicat				
record specifies a de The 90th day after the			an effective time	e, at 12:01 a.i	m. on the	earlier o
10/18 ated		2017			~~ ~	
	// A	ARA			μ. - > .	3 2017 O
	Signature of a	member or author	ized representative of a	member		d 20
		1			. 3	20 1

Page 3 of 3

Filing Fee: \$25.00