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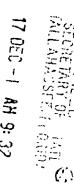
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## COVER LETTER-

TO: Registration Section Division of Corporations	
SUBJECT: Fair Decil Auto LLC Name of Limited Liability Company	<del></del>
The enclosed Articles of Amendment and fee(s) are submitted for filing.	•
Please return all correspondence concerning this matter to the following:	
AHMON Alarca Name of Person	
Fair Deal Auto 1/c	
4189 e Hillsborough Ave	
Tampa F1 33610 City/State and Zip Code	
Fair Deal Auto 813 @ cmail  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	•
Ahmad Alara at (813) 763-4976  Name of Person at (813) 763-4976  Area Code Daytime Telephone No.	utnber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee. tificate of Status & tified Copy litional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS	88:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L17000215447</u> .  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited	SECRETALIANA 3
The new name must be distinguishable and contain the words "Limited LEnter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	₩ 222 ₩ 257 ₩ 277
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1801 e Hillsborough Ave Tampa F1 33610
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the new</u> <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Age	City Zip Code

New Registered Agent's Signature, it 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	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of filing:  a effective date is listed, the date must be specific and cannot  te: If the date inserted in this block does not meet the  cument's effective date on the Department of State's	t be prior to date of e applicable statu	filing or more than 90 d	_(optional) ays after filing.) Pursuar nts, this date will not	at to 605,020 be listed as
record specifies a delayed effective date, he 90th day after the record is filed.	but not an eff	ective time, at 1	2:01 a.m. on the	earlier o
ed 11-27-17	·			
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Page 3 of 3

Filing Fee: \$25.00