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TALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Section Division of Corpor				
SUBJE	ECT: F	air deal 1	Auto LLI		
SOBOL			ted Liability Company		
The en	closed Articles of Am	endment and fee(s) are subm	nitted for filing.		
Please	return all corresponde	ence concerning this matter t	o the following:		
	·	Ahmo	Name of Person	AT	_
				LLC	
		4801	E Hillsb Address	orough	_
		Tampa	FL 3 7 City/State and Zip Code	3610 3 at Gma;	_
	-	E-mail address: (t	Jeal Auto 81 o be used for future annual 1	3 at Gma; report notification)	1.com
For fur	ther information cond	erning this matter, please ca	11:		
	Ahmad Name of Pe	ALARAT	at (813)	763 - 497 Daytime Telephone Num	ber
Enclos	ed is a check for the f	ollowing amount:			
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certif losed) Certif	Filing Fee, icate of Status & ied Copy onal copy is enclosed
	Registration Division of P.O. Box	f Corporations	Registrati Division Clifton B	C/COURIER ADDRESS ion Section of Corporations uilding ecutive Center Circle	:

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Con	npany as it now appears on our records.)
The Articles of Organization for this Limited Liability Compa	any were filed on 10/18/2017 and assigned
The Articles of Organization for this Limited Liability Company were filed on 10/18/2017 and assigned Florida document number L17000215447 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:	
orida document number L17000215447 nis amendment is submitted to amend the following: 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." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 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 Florida	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	TALES
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	7,0
(Mailing address MAY BE A POST OFFICE BOX)	TATE ORIUA
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	AY BE A POST OFFICE BOX) the registered agent and/or registered office address on our records, enter the name of the new d/or the new registered office address here: ew Registered Agent: tered Office Address: Enter Florida street address City Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:

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 **Type of Action Title Name Address** MgR Saif. K. ABURAYYAN 6214 Drexel st Add

Dearborn heights, Mi, 48127 Remove _□ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change

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