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## **COVER LETTER**

Division of Corporations
SUBJECT: AFFORDABLE AUTO SALES OF SPring Hill LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
HAN H- KIAA I, /
Firm/Company
5501 APPlegate DX
Spring Hill, FL 34606 City/State and Zip Code
Hany Khalil A Glahoo Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HANY KHAI, 1 at (352) 777-2019 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$ Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) \$\Bigcup \$ Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

TO: Registration Section

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**

AFFORDABLE AUTO SALES OF Spring Hill LLC

(A Florida Limited L	iability Company)		
The Articles of Organization for this Limited Liability Company (Florida document number <u>L. 17000 2642</u> , 99		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:	7	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designa	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		* 100	
(Principal office address MUST BE A STREET ADDRESS)		CITE	
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 here		records, enter the name of the new	
Name of New Registered Agent:	Sax	ne	
New Registered Office Address:			
	Enter Florida street address		
		Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete <sub>l</sub>	-		

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 **Name Address** Type of Action AMBR VINYAN F. HANNA 5501 Applegate DR KAdd

SPring Hill, Fl3466 Remove

MGR Hany Khalil 5501 Applegate BR Add

Remove

SPring Hill Fl34666 Remove AMBR Sayed Zayed 4821 Plantation DROAdd Change ☐ Remove ☐ Remove ±□ Change □ Add ☐ Remove ☐ Change

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	Title/AMBR	)		
T <del>U</del> —	UIVYAN ;			
	5501 APP	legate DR		
	Spring Hi	11, FL 3460E	\$ \\ \tag{\psi}	
Ti	tle / AMBA	2		<u> </u>
2	Sayed Zo 4821 Plan	ryed ntation DR		* * * * * * * * * * * * * * * * * * * *
	Tampa	FL 34606	thank y	ou
	e, if other than the date of filing: ate is listed, the date must be specific and c ate inserted in this block does not me fective date on the Department of Sta	annot be prior to date of filing or more the et the applicable statutory filing requ		
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Page 3 of 3

Filing Fee: \$25.00