

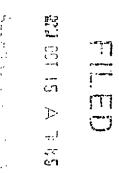
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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12/11/1005



# FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2018

MOSTAFA SEIR 19406 VIA DEL MAR APT 206 TAMPA, FL 33647

SUBJECT: SAVANA AUTOS LLC Ref. Number: L18000115314

We have received your document for SAVANA AUTOS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

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Letter Number: 918A00020094

## **COVER LETTER**

	Registration Se Division of Cor					
SUBJEC		AUTOS LLC				
	••	Name of Limi	ited Liability Company			
		Amendment and fee(s) are sub- indence concerning this matter	_			
i icase ici	um an correspo	MOSTAFA SEIR	to the following.		-4.0	
		SAVANA AUTOS LLC	Name of Person			·II
		19604 VIA DEL MAR APR	Firm/Company 206	,	T >	
		TAMPA, FL 33647	Address		<b>લા</b> જુવ "ન	-
		mostafaysir@yahoo.com	City/State and Zip Code to be used for future annual report notif			
For furthe	er information c	oncerning this matter, please or	•	ication)		
MOSTA	FA SEIR		614 7072138 at()			
•	Name o	f Person	Area Code Daytimo	: Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing I Certificate of Certified Cop, tadditional copy	Status & y	
		ING ADDRESS:	STREET/COURI Registration Section			

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

SAVANA AUTOS LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	nv as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number £ 18000115314	were filed on 05/08/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	3 3
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:	19406 VIA DEL MAR, APT206	
Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33647	
	40.400.1/(4.05), 4440, 407.000	্ৰ
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	19406 VIA DEL MAR, APT 206 TAMPA, FL 33647	
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·	r the name of the n
Name of New Registered Agent:		
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 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
MBR	MOHAMED,MOHAMED,ELSHEBIN Y	6424 MURRAY HILL DR,TAMPA.FL 33615	
		***************************************	■ Remove
			☐ Change
MBR	MOHAMED, S, SHERIF	505 DEEN STILL RD, DEVENPORT, FL 33897	□ Add
			■ Remove
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e: If the date inserted in th	the date of filing:	of filing or more than 90 days aff atutory filing requirements, t	his date will not be liste
ecord specifies a dela ne 90th day after the	yed effective date, but not an e record is filed.	effective time, at 12:01	a.m. on the earlie
10/06/2018 ed		1	
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Filing Fee: \$25.00