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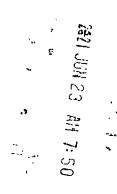
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COVER LETTER

TO:

Tallahassee, FL 32314

	egistration Se vision of Cor					
SUBJECT			AUTO SALES FOR ALL LLC)			
SOBJECT	•	Name of	Limited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are	submitted for filing.			
Please retur	m all correspo	ondence concerning this ma	atter to the following:			
		MUAWEA RAWASH	ФЕН			
			Name of Person			
		AUTO SALES FOR A	LL LLC			
			Firm Company			
		8321 ULMERTON RI	O STE B			
			Address			
		LARGO, FL 33771				
		D.RAWASHDEH@GA	City/State and Zip Code			
		=	ess: (to be used for future annual report it	otification)		
For further	information e	oncerning this matter, plea	se call:			
MUAWEA RAWASHDEH		727 240-6180				
	Name o	f Person	at () Area Code Dayt	ime Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Statu		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ailing Addres		Street Address:	Soution		
Registration Section Division of Corporations				Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUTO SALES FOR ALL LLC

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(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records a Limited Liability Company)	ا الم
The Articles of Organization for this Limited Liability C Florida document number L18000115546		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "ELC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter t</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	····	· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	•
	, Flo	rida

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 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	WI JUN 23 AM 7: 50 Type of Action
AMBR	MOHAMMAD JARADAT	8321 ULMERTO	ON RD STE B LARGO FL 3377/ ■ Add
			□Remove
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(If an effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot	(optional) the prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) e applicable statutory filing requirements, this date will not be listed as the records.
f the record specifies a delayed effective date, but not an eff ecord is filed.	ective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	
- V Simular of a memba	r or authorized representative of a member

Typed or printed name of signee