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C. GOLDEN FEB - 5 2019

COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	Dealtime au	tos lle		
SOBJEC	1:	Name of Limi	ited Liability Company	
The enclo	used Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		Ehab hassan	Name of Person Firm/Company illsborough ave tampa 33610 Address orida 33610 City/State and Zip Code utos@gmail.com E-mail address: (to be used for future annual report notification) is matter, please call: at (
		Harry day daylar	Name of Person	
		ne used car dealer		
		4189 e hillsborough ave tai	mpa 33610	
		tampa florida 33610	Address	
		dealtimeautos@gmail.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notifi	cation)
For furthe	er information co	oncerning this matter, please ca	all:	
Ehab Has			at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

MAILING ADDRESS:

TO:

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 ARTICLES OF ORGANIZATION OF

FILED

DEALTIME AUTOS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALL AMASSEE, FL The Articles of Organization for this Limited Liability Company were filed on $\frac{12-13-18}{2}$ Florida document number 1.18000286475 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 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

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
MGR	EHAB HASSAN	4189 e hills borough ave tampa fl 33610	
			■ Remove
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the applic	cable statutory filing requ	(optional) n 90 days after filing.) Pursuan irements, this date will not	nt to 605.0207 (3 be listed as th
the record specifies a delay) The 90th day after the re	ed effective date, but no ecord is filed.	ot an effective time,	at 12:01 a.m. on the	earlier of:
Dated	. 2018	·		
	601110			
	Signature of a member or auth	orized representative of a m	ember	

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Filing Fee: \$25.00