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## **COVER LETTER**

SUBJECT: Auto Club of Tompa 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:
mahmoud AbubA)eY Name of Person
Auto Club OS: Tomasa Lili C
6602 WNEBYOSER AVE
Taula FL 33604 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Male Manue of Person at (813) 652-5832  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solutional copy is enclosed)  \$25.00 Filing Fee Certificate of Status  \$55.00 Filing Fee Certified Copy Certificate of Status Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

Division of Corporations

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 TO ARTICLES OF ORGANIZATION OF

1116 /1./		11.
(Name of the Limited Lia	bility Company as it now appears or orda Limited Liability Company)	1 our records.)
The Articles of Organization for this Limited Liabilit	orida Limited Liability Company)	<u>.</u> &
The Articles of Organization for this Limited Liabilit	y Company were filed on <u>0</u>	12/2019 and assigned
Florida document number 119000694	169	
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 desig	mation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
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 a		ur records, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	Cin	, Florida 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	mohammad Atiyal	r 514 Kingway Rd, Brandon	
		FL, 33510	Remove
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			Remove
			Change
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f an eff <u>Note:</u>	ve date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated .	7-30-2019 1:00 p.m.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00