(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:

Office Use Only



000330176090

06/10/19--01029--003 FILED FILED FILED

T GLASS JUN 24 2019

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:	AUTOS L.L.	C .			
	Name of Lim	ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	TAYYAB	A Q. ACS AW. Name of Person			
	TA AUT	OS LAC. Firm/Company			
	1504, WEST 15	TH ST SUIT B' Address	<u> </u>	2019 JUN	
	DANAMA C.	174. A. 3240 City/State and Zip Code	<u>/</u>	0	
	_	` .	_ ;	_ _))
	Abbax 5247 @	Mul · (m) to be used for future annual report notif	ication)	PH 3: 44	
For further information con	ncerning this matter, please c		,	- 	
TAYYABA. 8	2. ANAN.	at (<i>850</i>) 814 - 6	6341.		
Name of	Person	Area Code Daytimo	e Telephone Number	_	
Enclosed is a check for the	e following amount:				
№ \$25.00 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 (additional copy)	Status & y	

MAILING ADDRESS:

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

IA AUTOS LOL.C		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our d Liability Company)	records.)
The Articles of Organization for this Limited Liability Companies of Organization for the Organization for	ny were filed on <u>0,3/2</u>	2/2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1504 WFC	15TH STREET SUITE
(Frincipal office address MOST BE A STREET ADDRESS)	PANAMA CI	TY FL 3240
Enter new mailing address, if applicable:		AND DEED PM
(Mailing address MAY BE A POST OFFICE BOX)	A	S- A-BOVE W
		-
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ecords, enter the name of the new
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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ ∧dd
			Remove
			Change
			□ Remove
			Change
			Add
			U Change = 2
			□ Remove
			□ Change
			Add
			Remove
			Change
			□ Add
			Remove
			□ Change

TA AUTOS L.L.	عدر م	ON SUI	TO 1	FNOVE	
111 Halos L.L.	<u> </u>		_/ <i>D</i> _6_	CHIOTE	—
DOIS FROML.L.	= 70 L	<u> </u>			—
		····		 	
		-			
		 			_
				20	
- · · · · · · · · · · · · · · · · · · ·				<u> </u>	
					-
		.			=
				<u>्राह्य उद्य</u>	
				<u> </u>	
tive date, if other than the date of	filing:		(opti	onal)	
tive date, if other than the date of flective date is listed, the date must be speci. If the date inserted in this block does	fic and cannot be prior to not meet the applical	o date of filing or more ble statutory filing r	than 90 days after	filing.) Pursuant to s date will not be	605 listo
ment's effective date on the Departmer			- 1		
and a second second second					
cord specifies a delayed effect e 90th day after the record is f		an effective tin	ne, at 12:01 a	i.m. on the ea	irlie
1_06/07/2019		_•			
,					
					_

Page 3 of 3

Filing Fee: \$25.00