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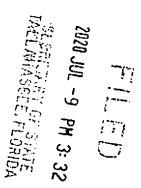
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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
	IEL AUTOMOTIVE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	MAJED M SWEILEM		
		Name of Person	
	RED CAMEL TRADING	GROUP	_
	·	Firm/Company	7020
	PO BOX 1407		2020 JUL -9
	- · - · - · - · - · - · - · · - · · - · · - · · - · · - · · - · · - · · - · · - · · - ·	Address	S 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	LUTZ, FL 33548		PM 3: 32
		City/State and Zip Code	—————————————————————————————————————
	SWEILEM.MAJED@GMA		*
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
MAJED M SWEILEM		813 451-0320	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he 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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Set Division of Control The Centre of 2415 N. Monro Tallahassee, Florida Processing Processi	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RED CAMEL AUTOMOTIVE LLC		
(<u>Name of the Limited Liat</u> (A Flor	pility Company as it now appears or rida Limited Liability Company)	<u>1 our records.</u>)
The Articles of Organization for this Limited Liability	Company were filed on $\frac{03/28}{}$	2019 and assigned
Florida document number L19000085816	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
RED CAMEL TRADING GROUP LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the desig	nation "LLC" or the abble ation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET AD	DRESS)	三
		200
Enter new mailing address, if applicable:	<u>N/A</u>	
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or register agent and/or the new registered office address here	•	rds, enter the name of the new regi
Name of New Registered Agent: N/A	\	
Name of New Registered Agent:		<u> </u>
Name of New Registered Agent: New Registered Office Address: N/A		street address
Name of New Registered Agent:	\	street address , Florida

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(\$) 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>	Name	Address	Type of Action
	N/A		
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			☐ Change
			□Remove
			Change □ Change □ Change □ Change □ Change
			F □Add-
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or n	op nore than 90 days aft	ter filing.)	Pursuan	it to 605.020
te: If the date inserted in this block does not meet the applicable statutory filing turnent's effective date on the Department of State's records.	ig requirements, t	his date	will not	be listed as
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. s filed.	on the earlier of:	(b) The	e 90th d	ay after the
s med.				
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Filing Fee: \$25.00

Typed or printed name of signee