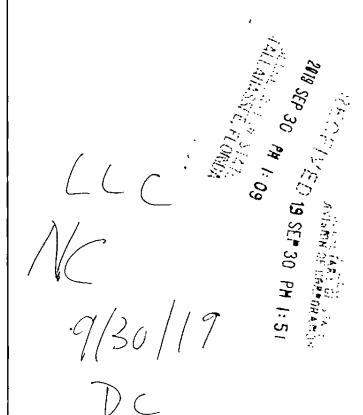
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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### **COVER LETTER**

AB Autos & Imports Tampa LLC SUBJECT: 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: Abdul Basit Awan Name of Person Firm/Company 5350 S Bridge St APT 6502 Address Tampa, Florida, 33611. City/State and Zip Code abdul\_awan@live.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 407 6330833 Abdul Basit Awan Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee. ☐ \$55.00 Filing Fee & □ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

# TO ARTICLES OF ORGANIZATION **OF**

ARTICLES	OF ORGANIZATION OF	AVISION ARTES
AB Autos & Imports Tampa LLC		19 SEP 30 PH 1: 51
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our Limited Liability Company)	records.) // /: 5/
The Articles of Organization for this Limited Liability Co	ompany were filed on Septembe	r 12. 2019 and assigned
Florida document number 1.19000230592	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Spirit Of The Ninetics LLC  The new name must be distinguishable and contain the words "Limitation of the contain the words "Limitation".		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regis		records, enter the name of the r
registered agent and/or the new registered office add	ress here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et 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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Note:	ve date, if other than the date of filing:
	ord 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 _	09-30-2019
	Signature of a member or authorized representative of a member
	Abdul Basit Awan

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00