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## **COVER LETTER**

	tration Secti ion of Corpo					
	Ragbani Mot	ors LLC				
SUBJECT: _						
The enclosed A	Articles of An	nendment and fee(s) are subn	nitted for filing.			
Please return a	ll correspond	ence concerning this matter to	o the following:			
		Bairem Ragbani				
			Name of Person			
		M-E Accounting & Tax Se	ervices. Inc			
			Firm/Company			
		6103 N Atlantic Ave Suite H				
		Address				
		Cape Canaveral FL 3292	0			
			City/State and Zip Code			
		motaze@metaxservices.n				
		E-mail address: (to	be used for future annual report not	tification)		
For further infe	ormation con	cerning this matter, please ca	li:		<u></u>	
Motaz Elkhou	ıly		321 613-3839		20 J	
	Name of P	erson	Area Code Daytir	ne Telephone Number	JAN 27 PM 12: 0	
Enclosed is a c	check for the	following amount:			PH 12	
■ \$25.00 Fil	ing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status & 🛥 🔠 🧖	

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Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAGBANI MOTORS LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears ол our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number L19000247101	ny were filed on 10/01/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liz	ability company here:
RAGBANI MOTORS SERVICES LLC	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>
(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 officagent and/or the new registered office address here:	e address on our records, enter the name of the newspegistered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	ther Parad Sirver dairess

## 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

Florida

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			☐ Change
			\ \tag{Add}
		<del></del>	□Remove
			□Change
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			□Change
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			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. JANUARY 22 Dated \_ 2020 BAIREM RAGBANI Typed or printed name of signee

Filing Fee: \$25.00