# 19000299001

(Requestor's Name)	_
(Address)	_
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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Special Instructions to Filing Officer:	$\neg$

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## **COVER LETTER**

## Registration Section **Division of Corporations**

**)**:

	otorsports Recycling LLC		
	Name of Lim	ited Liability Company	
e enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ase return all correspo	ondence concerning this matter	to the following:	
	Essam Fares		
		Name of Person	<del></del>
	Euro Motorsports Recycli	ng LLC	
		Firm/Company	
	4040 Stone Briar Drive		
	· · · · · · · · · · · · · · · · · · ·	Address	<del></del>
	Ruskin, FL 33570		
		City/State and Zip Code	<del></del>
	samares5@yahoo.com		
	E-mail address: (	to be used for future annual report no	otification)
further information of	concerning this matter, please c.	all:	
m Fares		813 857-1729 at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
sed 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 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

(Name of the Limited Liability Comp (A Florida Limited	any as it now appe Liability Company	ears on our records.)	<del></del>
Articles of Organization for this Limited Liability Company ida document number L19000299001	y were filed on _	December 165th, 2019	and assigned
amendment is submitted to amend the following:			
f amending name, enter the new name of the limited liab	bility company	<u>here</u> :	
new name must be distinguishable and contain the words "Limited Liab	ility Company," the	e designation "LLC" or the a	bbroglation L.L.C."
er new principal offices address, if applicable:			
ncipal office address MUST BE A STREET ADDRESS)			23
	-		P S
r new mailing address, if applicable:			: 35 FL
ling address MAY BE A POST OFFICE BOX)			
f amending the registered agent and/or registered office t and/or the new registered office address here:	address on our	records, enter the nar	ne of the new registe
<del></del>			
Name of New Registered Agent:			
New Registered Office Address:	Engage I	lorida street address	
	Enter P		
	City	, Florida	Zip Code

### Registered Agent's Signature, if changing Registered Agent:

eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and at the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability any has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

imending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

## GR = Manager

## 1BR = Authorized Member

<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Action
GR 	Essam Fares	440 Stone Briar Dr, Ruskin, FLL 33570	■Add
			□Remove
			□Change
			SECRETARIO DE Remove
			23 Chanke
	<del></del>		Change Ch
			□Remove
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