

L20000013879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

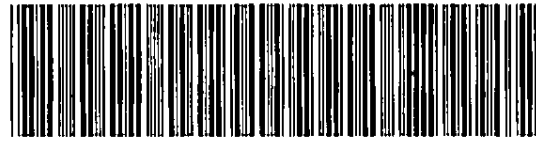
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R. WHEAT

JUL 08 2020

2020 JUL -1 PM 12:11



2020 JUN -1 AM 11:16

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2020

PATRICK SULTAN
614 NE 8TH AVE
FORT LAUDERDALE, FL 33304

SUBJECT: GERMAN AUTO SPECIALISTS LLC
Ref. Number: L20000013879

We have received your document for GERMAN AUTO SPECIALISTS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 820A00011666

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

German Auto Specialists LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2020-1-12-11

The Articles of Organization for this Limited Liability Company were filed on January 7, 2020 and assigned
Florida document number L20000013879.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1141 W. MCNAB ROAD
POMPANO BEACH FL 33069

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1141 W. MCNAB ROAD
POMPANO BEACH FL 33069

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MAGED IBRAHIM. (MANAGER)

New Registered Office Address:

SAME AS ABOVE 1141 W. MCNAB ROAD

Enter Florida street address

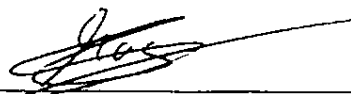
POMPANO BEACH, Florida 33069

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

MGR = Manager
AMR = Authorized Member

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AMR = Authorized Member

[illegible]

[illegible]

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)

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.

Peter Putter
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00