## LZ000028970Z

(Requestor's Name)	
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PICK-UP WAIT MAIL	
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## **COVER LETTER**

· Y

Registration Section Division of Corporations

SUBJECT:	AUTO VIEW	LLC	
30b/ECT:		ted Liability Company	
The enclosed Articles (	of Amendment and fee(s) are subr	nitted for filing.	
	pondence concerning this matter t	-	
	· -	-	
	SARA HASSAN		
		Name of Person	
	AUTO VIEW LLC		
		Firm/Company	
	5511 N NEBRASKA AVE.		
	<del></del>	Address	
	TAMPA, FL 33604		
		City/State and Zip Code	<del></del>
	Autoviewlle@gmail.com	o be used for future annual report noti	ification)
For further information	concerning this matter, please ca	·	
AHMED ABUELENE	e of Person	at () Mrea Code Daytim	Talashaan Nasahaa
intsr.	e of reison	Area Code Daytim	ie Telephone Number
Enclosed is a check for	the 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 Addi Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AUTO VIEW LLC	
(Name of the Lim	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited landscape of Organization for the Limited landscape of the Articles of Organization for this Limited landscape of the Articles of Organization for this Limited landscape of Organization for the Organiza	Liability Company were filed on 09/15/2	020 and assigned
his amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the design	ation "LLC" or the abbreviation "LLC"
nter new principal offices address, if appli		anon bbe of the above flation b.c.c.
Principal office address MUST BE A STRE		-1
		2 20
nter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>	
		<u></u>
		£-
. If amending the registered agent and/or gent and/or the new registered office addre		ds, enter the name of the new registe
cent and of the new registered office address	SS HCIC.	
Name of New Registered Agent:	AHMED ABUELENEN	
New Registered Office Address:	5511 N NEBRASKA AVE	
	Enter Florida si	treet address
	ΤΑΜΡΑ	33604

## 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

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SARA HASSAN	5511 N NEBRASKA AVE.TAMPA, FL 33604	□ Add
			Remove
			□Change
MGR	AHMED ABUELENEN	5511 N NEBRASKA AVE.TAMPA, FL 33604	<b>=</b> Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
		<del></del>	□Add
			Remove
			□Change
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			□Remove
			□ Change
			□ Add
			□Remove

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		Soun LI		
SARA HASSAN	Si	gnature of a member or authorized re	presentative of a member	
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