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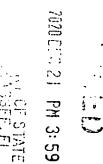
(Req	uestor's Name)	
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Office Use Only



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COVER LETTER

	ani auto sales LLC	
	Name of Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.	
Please return all co	rrespondence concerning this matter to the following:	
	nibras al horgani	
	Name of Person	
	horgani auto sales IIC	
	Firm/Company	
	8393 century point drive north	
	Address	
	jacksonville, Fl. 32216	
	City/State and Zip Code	
	nibrasghareeb@yahoo.com	
	E-mail address: (to be used for future annual report notification)	
For further informa	tion concerning this matter, please call:	
nibras al horgani	904 480-5222 at ()	
١	fame of Person Area Code Daytime Telephone Number	_
Enclosed is a check	for the following amount:	
■ \$25.00 Filing I	Fee \$\Bigcup \\$30.00 \text{ Filing Fee & }\Bigcup \\$55.00 \text{ Filing Fee & }\Bigcup \\$60.00 \text{ Filing Fee & }\Bigcup \\$60.00 \text{ Filing Fee & }\Bigcup \\$60.00 \text{ Filing Fee & }\Bigcup \\$certificate of \text{ Certified Copy }\Bigcup \\$certificate of \text{ Certified Copy }\Bigcup \\$(additional copy is enclosed)	Status &

Mailing Address:

το:

Registration Section
Division of Corporations

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

horgani auto sales IIC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our record ad Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compa	ny were filed on 10/04/2020	and assigned
Florida document number L20000325263		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2023
		0
		2 1
B. If amending the registered agent and/or registered offic	e address on our records, <u>enter</u>	
agent and/or the new registered office address here:		
		3: 59 3: 59
Name of New Registered Agent:		' ra
New Registered Office Address:		
	Enter Florida street addres	3
		orida
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	nibras al horgani	8393 century point drive north, jacksonville, Fl. 3221	6 ≡ Add
			□Remove
			□Change
AMBR morecs al horgani	morees al horgani	8937 Ivey road, jacksonville, Fl. 32216	= Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change
			□Add
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effe te:	ve date, if other than the date of filing:
core s file	d 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 ed.
ed_	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member