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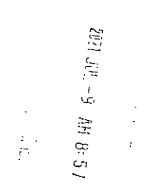
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COVER LETTER *

TO: Registration Section Division of Corporations	
SUBJECT: FLOCIDA AUTO JULIC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ASADALLAH ABUMAALT Name of Person	
Firm Company	
7950 Atlantic Blud	
Jacksonville FL 32211 City/State and Zip Code	
E-mail address: (to be used for future annual report nonfication)	
For further information concerning this matter, please call:	
5: Pallah Abumaali at (904) 434-3233 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee □ \$55.00 Filing Fee □ \$60.00 Filing Fee, Certificate of Status	

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 Company as it now unpears on our records.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on \$\frac{1.3}{20.21}\$ and assigned Florida document number \$\frac{1.200003935}{9}\$.

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" of the abbreviation "LLC".

Enter new principal office 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)

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:

New Registered Office Address

Enter Florida street address

Enter Florida street address

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.

. 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Jacksonville Fl, 32246	⊠Remave
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Filing Fee: \$25.00