## LZI 000073106

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2022 JAN 28 AM 7: 16 SECRETARY OF STATE

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## **COVER LETTER**

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TO: Registration Set Division of Cor		• •	
Fadi Motor	sdLC		
SUBJECT:			
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Fadi S Shubak		
		Name of Person	
	Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  Fadi S Shubak		
	1661 Ringling blvd box 39	774	
	Sarasota, Florida 34230	Address	
	fshubak@yahoo.com	City/State and Zip Code	<del></del>
For further information of		·	notification)
Fadi Shubak	oncerning this matter, pieuse e		
		at ( )	
Name c	of Person		ytime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration			
Division of C		<del>-</del>	
P.O. Box 632	27	The Centre of	of Tallahassee
Tallahassee.	FL 32314	2415 N. Mo	nroe Street, Suite 810

Tallahassee, FL 32303

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

Fadi Motors LLC

FILED 2022 JAN 28 AM 7:

(Name of the Limited Liability Com (A Florida Limite	<u>ipany as it now appear</u> ed Liability Company)	SON OUR RECORDS:  SECRETARY OF STA  TALLAND SSEE, F.	16
The Articles of Organization for this Limited Liability Comparation document number	ny were filed on	02/11/2021 ALLAHASSEF IA	TE igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company he	<u>ere</u> :	
AC PARTNERS LLC			
he new name must be distinguishable and contain the words "Limited Lie	ability Company," the di	esignation "LLC" or the abbreviation "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)			
3. If amending the registered agent and/or registered offic gent and/or the new registered office address here:	e address on our re	ecords, <u>enter the name of the nev</u>	registe
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.			
New Registered Office Address.	Enter Flor	ida street address	
New Registered Office Address.	Enter Flor.	ida street address Florida Zip Code	

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>	Address	Type of Action
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			□Remove
			□Change
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			□Remove
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the Defective date.	ock does not meet the appl	icable statutory filing	(optional) te than 90 days after filing.) Pursua requirements, this date will no	int to 605.0207 ( of be listed as t
record specifies a delayed effective d is filed.	e date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 90th	day after the
January, 26	2022			
Dated	·	·		

EU E CAZA