# La1000103972

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21 AFR-5 MII:46

# **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: AJ	AUTO Spa Name of Limi	ited Liability Company	·
	Amendment and fee(s) are submodence concerning this matter to		
	- Anthony S	Soet+(Nex Name of Person	
	AJ AULO	S Da L LC Firm/Company	
	9707 C	Imnama Cart	
	Parlana, F	City/State and Zip Code	
		220 qmail. Cook be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	ill:	
Jame of Name of	Makhlouf Person	at (954) C95 Area Code Daytim	6766 e Telephone Number
Enclosed is a check for th	e 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 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



21 APR -5 AM 11: 46 of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number L 21000103972 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." Chnamon Cart 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) 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

## 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.

City

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

SIVISION OF COME GRAID M

21 APR -5 MH1: 46

<u>Title</u>	<u>Name</u>	Address Address	Type of Action
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		Parkland, FL 33076	
			Schange
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	9	7545 NW 7/8+ terror Parkland, FL 33067	□Remove
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Filing Fee: \$25.00