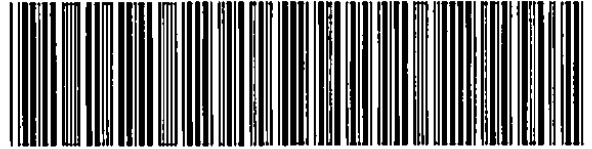


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/07/2021
JH

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MSL AUTO SALES LLC

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:

MIR HAIDER AFGHANZADA

Name of Person

MSL AUTO SALES LLC

Firm/Company

7800 POINTE MEADOW DR 1525

Address

JACKSONVILLE, FLORIDA 32256

City/State and Zip Code

MSLAUTO LLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIR HAIDER AFGHANZADA

904 762-3463

at (_____) _____

Name of Person

Area Code

Daytime 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 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

FILED

2021 AUG 26 AM 4: 29

MSL AUTO SALES LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/24/2021 and assigned Florida document number 1.21000294051.

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."

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

_____. Florida _____

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 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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Acti</u>
MGR	AFGHANZADA, MIR HAIDER M	7800 POINT MEADOWS DR APT 1525	<input type="checkbox"/> Add
		JACKSONVILLE, VA 32256	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AFGHANZADA, MIR HAIDER	7800 POINTE MEADOWS DR APT 1525	<input type="checkbox"/> Add
		JACKSONVILLE, FLORIDA 32256	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	RAHMATULLAH MOKHTAR	220 S ANZA ST UNIT G	<input checked="" type="checkbox"/> Add
		EL CAJON, CA 92020	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

REMOVING AS MANAGER: AFGHANZADA, MIR HAIDER M

KEEPING AFGHANZADA, MIR HAIDER AS MANAGER

CORRECTING ADDRESS TO READ: 7800 POINTE MEADOWS DR APT 1525, JACKSONVILLE, FL 32256

ADDING: RAHMATULLAH MOKHTAR AS MANAGER

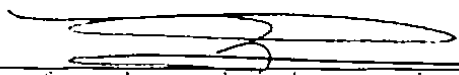
F. Effective date, if other than the date of filing: 08/15/2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 08/15 2021


Signature of a member or authorized representative of a member

MIR HAIDER AFGHANZADA

Typed or printed name of signee