

L21000404215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

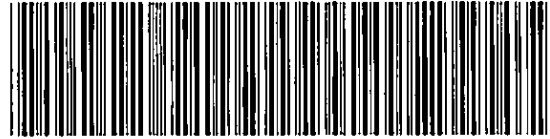
(Document Number)

Certified Copies _____ Certificates of Status _____

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the Bank to show
the changes.

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2021 NOV 19 PM 9:34
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RECEIVED
2021 NOV 19 AM 9:06
TALLAHASSEE, FL

A. BUTLER

NOV 19 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A&J AUTO SALES & REPAIRS 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:

A&J AUTO SALES & REPAIRS LLC

Name of Person

A&J AUTO SALES & REPAIRS LLC

Firm/Company

313 TRAENIER DR

Address

OLDSMAR

City/State and Zip Code

34677

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

For further information concerning this matter, please call:

AHMAD ATAALLAH

Name of Person

252

at (_____) _____

Area Code

801-8805

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

SEED

200 NOV 19 AM 1:17
FBI - NEW YORK

(A Florida Limited Liability Company)

09-13-2021 DEPT. OF STATE
TALLAHASSEE, FL

A. If amending name, enter the new name of the limited liability company here:

OLDSMAR FL. 34677

TAMPA FL 33612

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
MGR	AHMAD ATAALLAH	313 TRAENIER DR OLDSMAR FL 33612	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JOSE MORALES	740 ELLINGTON ST RALEIGH NC 27601	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(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)(b)

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.

Shirley Staller
Signature of a member or authorized representative of a member

Typed or printed name of signee