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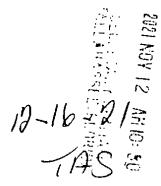
(Requestor's Name)
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

A&J AUTO SUBJECT:	SALES & REPAIRS LLC		
SOBJECT.	Name of Lim	nited Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	AHMAD ATAALLAH		
		Name of Person	
	A&J AUTO SALES & RI	EPAIRS LLC	
		Firm/Company	
	313 TRAENIER DR		
		Address	<del></del>
	OLDSMAR		
		City/State and Zip Code	
	OLDSMAR, FL 34677		
	E-mail address: (	to be used for future annual report noti	fication)
For further information co	ncerning this matter, please c	all:	
AHMAD ATAALLAH		252 8018805 at ( )	
Name of	Person		e Telephone Number
Enclosed is a check for the	e following amount:		
		Clear on Pill P. A	□ 646 66 EU E
■ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	atian
Registration S Division of Co		Registration Sec Division of Cor	
P.O. Box 6327	7	The Centre of T	
Tallahassee, F			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## A&J AUTO SALES & REPAIRS LLC

company has been notified in writing of this change.

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

Florida document number L21000404215	·				
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
A&J AUTO SALES & REPAIRS LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation			
Enter new principal offices address, if applicable:		A&J AUTO SALES & REPAIRS LLC:			
(Principal office address MUST BE A STREET ADDRESS)		313 TRAENIER DR	5		
		OLDSMAR, FL 34677	20.00		
			1977 - 1974 - 19		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		901 East 93rd Avenue			
		TAMPA FL 33612	2011 (a)		
	<del></del>				
B. If amending the registered agent and/or agent and/or the new registered office addr			enter the name of the new register		
Name of New Registered Agent:					
New Registered Office Address:	901 E 93RD A				
		Enter Florida street			
	Tampa	Citv	_, Florida 33612 Zip Code		

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

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
AMBR	JOSE MORALES	313 TRAENIER DR OLDSMAR, FL 34677	□Add
		<del></del>	□ Remove
			□Change
MGR	AHMAD ATAALLAH	313 TRAENIER DR OLDSMAR, FL 34677	🗆 Add
			□Remove
			25 DGhange
			<u>:/22</u> □ Add
			□Remove
			☐ Change
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			□Remove
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ote: If the date inserted in thi	the date of filing:  must be specific and cannot be prior to date of filing of s block does not meet the applicable statutory file Department of State's records.	coptional)  r more than 90 days after filing.) Pursuant to 605.  lling requirements, this date will not be liste	020 ed a
	ctive date, but not an effective time, at 12:01 a.m	m. on the earlier of: (b) The 90th day after	the
is filed.	2021		
is filed.			
is filed.	2021  Rate   Carlos   Signature of a member or authorized representat	ive of a member	

Filing Fee: \$25.00