

L220000024242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

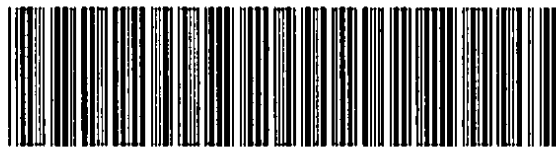
(Business Entity Name)

(Document Number)

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05/09/22--01049--006 **25.00

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
22 MAY -9 AM 11:06

T. MATTHEWS

JUL -6 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DISCOUNT 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:

FATIMA T ELCHAAR

Name of Person

DISCOUNT AUTO SALES LLC

Firm/Company

16305 ROYAL PARK CT

Address

TAMPA, FLORIDA 33647

City/State and Zip Code

fatmechaar75@gmail.com

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

For further information concerning this matter, please call:

FATIME T ELCHAAR

813

701-7361

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 MAY -9 AM 11:06

DISCOUNT AUTO SALES LLC

(Name 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 01/11/2022 and assigned
Florida document number L22000024242.

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:

FATIME T ELCHAAR

New Registered Office Address:

16305 ROYAL PARK CT

Enter Florida street address

TAMPA

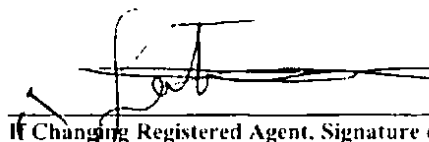
City

Florida 33647

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 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

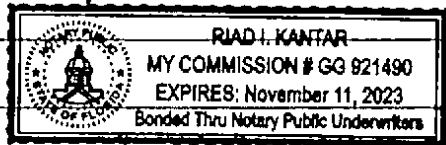
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FATIME T. ELCHAAR	16305 ROYAL PARK CT , TAMPA FL 33647	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YASSER H. OBEID	16305 ROYAL PARK CT.	<input type="checkbox"/> Add
		TAMPA, FLORIDA 33647	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE BE ADVISED THAT YASSER H. OBEID WANT TO REMOVE MY NAMED FROM DISCOUNT
AUTO SALES LLC AND MY WIFE FATIME T. ELCHAAR WILL BE THE ONLY MEMBER ON THE LLC
I PERMENTLY REMOVED MYSELF FROM THE LLC

YASSER H. OBEID

FL DL 0130 96867.47



E. Effective date, if other than the date of filing: 05/06/2022 (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)(b)

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 05/06 2022

Signature of a member or authorized representative of a member

YASSER H. OBEID

Typed or printed name of signer