

L220000024242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

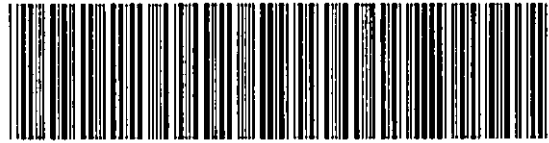
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JAN 25 2023

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10/27/22-01001-029 \*\*25.11

FILED  
SECRETARY OF STATE  
SECTION OF CORPORATIONS  
2022 DEC 27 AM 9:12

## 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:

FATIME ELCHAAR

Name of Person

DISCOUNT AUTO SALES LLC

Firm/Company

5808 E. BOADWAY

Address

TAMPA, FL 33619

City/State and Zip Code

YOBEID67@GMAIL.COM

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

For further information concerning this matter, please call:

FATIME ELCHAAR

813 701-7578  
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**

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 05/09/2022 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 "LLC."

**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*

*City*

*Florida*

*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	YASSER OBEID	16306 ROYAL PARK CT, TAMPA, FL 33647	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TATIME ELCHAAR	16306 ROYAL PARK CT, TAMPA, FL 33647	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[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.

Dated 10/12, 2022

  
FATIME ELCHAAR

Signature of a member or authorized representative of a member

Typed or printed name of signee

Remit To:  
FINISHMASTER INC  
PO BOX 74008920  
CHICAGO IL 60674-8920



**FINISHMASTER**  
Automotive & Industrial Paint

Page Number 1 of 1  
Print Time 10/12/22 12:55:00

Route #:  
Stop #:

BRANCH # 129  
813) 621-5597  
212 N 39TH ST STE 303  
TAMPA FL 33605

## INVOICE

Sold To: 88743534  
129 CASH SALES - COUNTER  
1212 N 39TH ST STE 303  
TAMPA FL 33605

Ship To: 88743534  
129 CASH SALES - COUNTER  
1212 N 39TH ST STE 303  
TAMPA FL 33605

Invoice	Invoice Date	Salesman	Counter Code	Tax Rate	Terms	Order #	Ship Via	PO#
1578685	10/12/22	987	62528	7.50 %	C.O.D. 02	72362452		

Item Number	Description	Tax	Order	Ship	B/O	UOM	Unit Price	Total
K-8	MAGNETIC 922577	Y	1	1		PT	133.20	133.20

Taxable Amount: 133.20

Subtotal:	133.20
Tax:	9.99
<b>Total Invoice Amount:</b>	<b>143.19</b>

Thank you for your business Signature \_\_\_\_\_ Date/Time \_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_

Chemical Emergency Contact - 1-800-535-5053			INFOTRAC 77821		
Hazardous Material Information			# Pks	Units	Weight
UN1263,Paint,3,II LTD QTY			1	Pint	
			Weight		LBS

FINISHMASTER INC 129  
1212 N 39TH ST # 303  
TAMPA, FL 33605  
10/12/2022 12:58:14  
CREDIT CARD  
MC SALE  
Card # XXXXXXXXXXXX8201  
Chip Card: Debit Mastercard  
AID: A0000000041010  
SEQ #: 5  
Batch #: 472  
INVOICE 195886  
Approval Code: Chip Read  
Entry Method: Issuer  
Mode: \$0.00  
Tax Amount: \$143.19  
SALE AMOUNT

CUSTOMER COPY

Order online anytime! Visit: [shopfinishmaster.com](http://shopfinishmaster.com)  
Need a Safety Data Sheet? Visit: <https://www.finishmaster.com/sds>

### Form of Payment

☐ Cash (M) ☐ Check (C) Check # \_\_\_\_\_ ☐ Credit Card (P) Last 4 digits of CC # \_\_\_\_\_