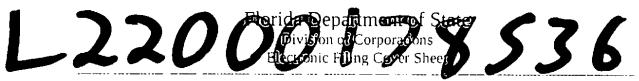
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000375010 3)))



H230003750103ABCV

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				 					



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WANNES TRANSMISSION AUTO SERVICE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu —

Help

S. RCT TIS

OCT 3 0 2023

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wannes Transmission Auto Service, 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 04/13/22 and assigned Florida document number ______L22000178536 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) · 71 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

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.

10/27/2023 07:53:19 PDT

To: 18506176383

Page. 3/4

From: Registered Agents Inc

Fax: 8134365206

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>	Type of Action
AMBR	YACOUB, MOFID	925 BROGDEN DR.	
		CLERMONT, FL 34711	☑Remove
			Change
AMBR	YACOUB, MENA	925 BROGDEN DR.	□Add
		CLERMONT, FL 34711	
			□ Change
AMBR	Nehad Yacoub	1220 Oakley Seaver Dr	☑ Add
		Clermont, FL 34711	□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
	<u></u>		□Add
			□Remove
			□Change

To: 18506176383

From: Registered Agents Inc.

Effective date, if other than the date of filing: (than effective date, if other than the date of filing: (than effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Plus sount to 605.0207. Note: If the date inserted in his block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 cord is filed. Dated Outober 27 2023 Signature of a member or authorized representative of a member Nat Smith.	, it amending any other miorin	ation, enter change(s) here: (Attack	n diamonia succes, y uccessor, ,	
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