

L22600481696

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(Address)

(Address)

(City/State/Zip/Phone #)

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2023 APR 11 AM 10:31

APR 11 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AA AUTOMOTIVE 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:

TARIQ KABIR

Name of Person

AA AUTOMOTIVE LLC

Firm/Company

5143 S JOHN YOUNG PKWY. SUITE#126

Address

ORLANDO, FLORIDA 32839

City/State and Zip Code

TQKABIR@GMAIL.COM

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

For further information concerning this matter, please call:

TARIQ

929

494-4021

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**

AA AUTOMOTIVE LLC

2023 APR 11 AM 10:33

(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 11/09/2022 and assigned
Florida document number L22000481696.

This amendment is submitted to amend the following:

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

EUROMATIC DYNAMICS LLC

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)

337 NORTH IVEY LANE

UNIT#9

ORLANDO, FLORIDA 32811

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

337 NORTH IVEY LANE

UNIT#9

ORLANDO, FLORIDA 32811

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

Florida

City

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 MGR	STEVEN ORTIZ	13957 OSPREY LINKS RD	<input checked="" type="checkbox"/> Add
		APT#102	<input type="checkbox"/> Remove
		ORLANDO, FL 32837	<input type="checkbox"/> Change
 MGR AMBR	TARIQ KABIR	5143 S JOHN YOUNG PKWY	<input type="checkbox"/> Add
		SUITE#126	<input type="checkbox"/> Remove
		ORLANDO, FL 32839	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<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)

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.

Dated APRIL 10TH, 2023

Frank

Signature of a member or authorized representative of a member

TARIQ KABIR

Typed or printed name of signee

Filing Fee: \$25.00