

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





800416756068

10/03/23--01020--008 ++25.00

ALLAHASSES ST

2023 OCT -3 PH 5: 30



## **COVER LETTER**

Division of	f Corporations		
	Bay Auto Rental Group LLC		
SOBJECT.	Name of Li	mited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	showitted for Gline	
		_	
r icase reigin all cor	respondence concerning this matte	er to the following:	
	Bruce Kadoura		
		Name of Person	
	Kadoura & Co LLC		
		Firm/Company	
	PO Box 530280		
		Address	
	Livonia, MI 48153		
		City/State and Zip Code	
	Brucekad@gmail.com		
For further informati	on concerning this matter, please	(to be used for future annual report no call:	tification)
Bruce Kadoura		727 643-0150	
Na	me of Person	Area Code Dayti	me Telephone Number
Enclosed is a check (	for the following amount:		
■ \$25.00 Filing Fe	e ⊒ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	dress: on Section of Corporations	Street Address: Registration So	
P.O. Box	6327	Division of Co The Centre of	
Tallahasse	ee, FL 32314		oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The A 2 1 - 60 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 2		ว			
	pany were filed on $\frac{8-29-202}{2}$	<u> </u>	ar	nd assign	ned
Florida document number L23000406479					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	l liability company here:				
The new name must be distinguishable and contain the words "Limited	Liability Company," the designat	ion "LLC" or th	e abbreviati	on "L.L.C	<del></del>
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRES	<u></u>				<del></del>
Enter new mailing address, if applicable:	-		TALL	202	
(Mailing address MAY BE A POST OFFICE BOX)	30				
			52.2	습	· ·
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records	s, <u>enter the n</u>	ame of th		egistere
				ယ	٧.
Name of New Registered Agent:			•	0	
New Registered Office Address:					
	Enter Florida stre	et 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>	Name	Address	Type of Action
MBR	Moath Abuoudeh	7360 Ulmerton Road, #18C, Largo, FL 33771	<b>≣</b> A₫d
			□Remove
			[] Change
MBR	Moach Mohammad	7360 Ulmerton Road, #18C, Largo, FL 33771	☐ Change ☐ Add ☐ Remove ☐ Change
			=Remove
			🗆 Change
			□Remove
			□ Change
		<del></del>	🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□ Add
			Changa

<del></del>		<del></del> -	···				······································		_
<del></del>						· <del></del>			_
			_		· -				_
			<u> </u>						_
						<del></del>			_
				<del></del>					_
·								<del></del>	
		<del></del>							_
		-							
<del></del>	<del></del>					<del></del> ,			_
<del> </del>									
****		<u> </u>							
									_
			<del></del>						_
									_
	<u></u>						<u> </u>	2023	
							27	30	:
				<del></del> .		· · ·	77 T		<u>:</u>
ffective det	a if athor than	the date of f	August	29, 2023			r.	ယ က	;-
an effective da	e, if other than	must be specific	and cannot be	prior to date of	filing or more tha	option 90 days after	tiling ) Pu	irşuant to 6	05.02
<u>iote:</u> If the d	late inserted in th Tective date on th	is block does n	ot meet the ap	oplicable statu	tory filing requ	irements, thi	s date wi	ll not be li	sted :
							·	30	
record specif	ñes a delayed effi	ective date, but	not an effecti	ve time at 12	·01 a.m. on the	carlier of: (b	) The Q	Oth Have af	ter th
l is filed.	•				.or a.m. on me	carner or. (a	) The	our day ar	
S	sh 25								
ated Septem	iber 25	=	· <u>2023</u>	·					
_/	TayAN	h							
<i>f</i>		Signature o	f a member or	authorized repr	esentative of a m	ember			
		_							

Filing Fee: \$25.00