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| | (850) 524-5437 Teresa |
| 2309 , | (850) 524-6243 Rich |
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| | SSAN WESTSIDE, INC. |
| & | <u>AMENDMENTS</u> |
| | _X_AmendmentResignation / DissociationChange of Registered AgentRevocation of DissolutionMergerArticles of ConversionAmended & Restated Articles of IncorporationStatement of Authority |
| & | OTHER FILINGS |
| | Foreign FilingReinstatementQualificationFictitious NameAnnual Report |
| | from account: Inature: |

EXAMINER'S INITIALS:____

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Divis | ion of Corp | orations | | |
|------------------|----------------------------|---|---|--|
| SUBJECT: | HANAN | IA NISSAN WESTSIDE, | LLC | |
| SOBJECT | • | Name of Lim | ited Liability Company | |
| The enclosed a | Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please return a | all correspond | dence concerning this matter | to the following: | |
| | | Michael M. Bajalia, I | Esq. | |
| | | | Name of Person | |
| | | Bajalia Law Office, f | P.A. | |
| | | | Firm/Company | |
| | | 7645 Gate Parkway, | Suite 106 | |
| | | | Address | |
| | | Jacksonville, FL 322 | | |
| | | | City/State and Zip Code | |
| | | mbajalia@bajalialav | woffice.com to be used for future annual report noti | (fication) |
| For further info | ormation con | accerning this matter, please co | | , |
| Michael N | M. Bajalia | | at (904) 352-1121 | L |
| | Name of F | Person | Area Code Daytim | e Telephone Number |
| Enclosed is a c | heck for the | following amount: | • | |
| ©X\$25.00 Fil | ing Fcc | S30.00 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) |
| | ng Address: stration Se | etion | Street Address: | ction |
| | stration Se sion of Cor | | Registration Se Division of Cor | |
| | Box 6327 | F | The Centre of T | |

2415 N. Monroe Street, Suite 810

Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 JUN 13 AM 10: 03

| HANANIA NISSAN WESTSIDE | | | |
|---|---|----------------------|--|
| (<u>Name of the Limited Liabi</u> (A Florie | lity Company as it now appe la Limited Liability Company | ars on our records.) | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| The Articles of Organization for this Limited Liability | Company were filed on _ | 09/20/2023 | and assigned |
| Florida document number _ L 23000 43869 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lin | nited liability company l | here: | |
| HANANIA SJC, LLC | | | |
| The new name must be distinguishable and contain the words "Lii | nited Liability Company." the | designation "LLC" o | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | · · · · · · · · · · · · · · · · · · · |
| Principal office address MUST BE A STREET ADD | RESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | | records, enter th | e name of the new registered |
| agent and of the new registered office address here. | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| • | Enter Fl | orida street address | |
| | | , Flor | ida |
| | 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 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> | Address | Type of Action |
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| Effective date, if other the fan effective date is listed, the Note: If the date inserted in the late in the | in this block does n | ot meet the applic | cable statutory Illi | more than 90 days afte | ional) or filing.) Pursuant uis date will not l | to 605.0207 (3)(be listed as the |
| document's effective date | on the Department | of State's records | , | | | |
| e record specifies a delayed | l affective date hut | not an effective t | ime at 12:01 a.m | on the earlier of: (| b) The 90th da | y after the |
| rd is filed. | A | not all circuits t | | • | . , | • |
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Filing Fee: \$25.00