

L23 000 438 736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

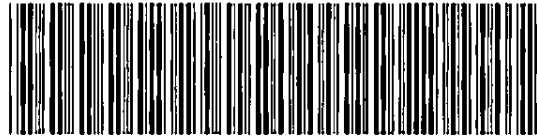
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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Office Use Only



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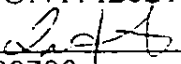
Division of Professional Regulation  
TALLAHASSEE OFFICE

2023 NOV 27 PM 1:57

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$25.00.

AUTHORIZATION SIGNATURE: 

Hanania Nissan Motorcars, LLC L23000438736

BUSINESS (Name)

Document #

Walk in  Pick up time

Mail out  Will wait

Photocopy

Certified Copy of

Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP**
- PLLC**

**AMENDMENTS**

- Amendment
- Resignation
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger
- Conversion**

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATIONS**

- Foreign filing
- Limited Partnership
- Reinstatement
- Statement of Authority
- Other

APOSTIL ( \_\_\_\_\_ )  
Country

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HANANIA NISSAN MOTORCARS, 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:

Michael M. Bajalia, Esq.

Name of Person

Bajalia Law Office, P.A.

Firm/Company

7645 Gate Parkway, Suite 106

Address

Jacksonville, FL 32256

City/State and Zip Code

mbajalia@bajaliawoffice.com

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

For further information concerning this matter, please call:

Micheal M. Bajalia

Name of Person

at ( 904 )

Area Code

352-1121

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



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>
_____	_____	_____	<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
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

