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COVER LETTER

TO: Registration S Division of Co				
AMERICA SUBJECT:	AN AUTO SALES AND REPA	IRS, LLC		
Nobbett	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	НАММАР МОНАММЕ)		
	-	Name of Person		
	AMERICAN AUTO SAL	ES AND REPAIRS, LLC		
		Firm/Company		
	810 BEVERLY PKWY			
		Address		
	PENSACOLA, FL 32505			
	info@hatemepalle.com	City/State and Zip Code		
		to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		
НАММАР МОНАММ	IED	850 341-7222 at ()		
Name	of Person		Telephone Number	
Enclosed is a check for (the following amount:		2 1 <u></u>	2023 NO
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	3 NOV 28 PH 2: 08

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

AMERICAN AUTO SALES AND REPAIRS, LLC		
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were fi	iled on SEPTEMBER 25TH, 2023	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	mpany here:	
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbre	
Enter new principal offices address, if applicable:		2023 NOV 28
(Principal office address MUST BE A STREET ADDRESS)		
		4 28 F
		の か mr P
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	s on our records, enter the name o	of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	

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.

City

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>	Address	Type of Action
AMBR	ABDALLAH ALASHQAR	1500 E JOHNSON AVE APT 204	□Add
		PENSACOLA, FL 32514	≡ Remove
			□Change
			🗆 Add
			□Remove
		<u> </u>	□Change
			Z023 NQV 28 PH 2: 08
			□Remove □Change
			□ Add
			□Remove
			☐Change
			□Add
			□Remove

_____ Change

Typed or printed name of signee