

L24000092124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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05/28/24--01002--016 \*\*30.00

2012

K. HUNT

05/28/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CARNAVAL AUTO GROUP 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:

Muntasir, Aladwan  
Name of Person

CARNAVAL Auto Group, LLC  
Firm/Company

1701 S. 50th St  
Address

Tampa, FL 33619  
City/State and Zip Code

info@CarnavalAutogroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALADWAN, MUNTASIR at (813) 767-8614  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

(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 2/21/24 and assigned Florida document number L2400009224.

This amendment is submitted to amend the following:

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

CARNAVAL AUTO GROUP 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)

1701 S. 50th St  
TAMPA, FL 33619

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1701 S. 50th St  
TAMPA FL 33619

**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:

ALADWAN, MUNTASIR

New Registered Office Address:

1701 S. 50th St.

*Enter Florida street address*

Tampa

*City*

, Florida

33619

*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>
MGR	ALADWAN MUNTASIR	4209 W. North St.	<input type="checkbox"/> Add
		# 2 Tampa, FL 33609	<input type="checkbox"/> Remove
		(Change address)	<input checked="" type="checkbox"/> Change
MGR	ALADWAN MUNTASIR	1701 S. 50th St	<input checked="" type="checkbox"/> Add
		Tampa, FL 33619	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALADWAN Muntasir	1701 S. 50th St	<input checked="" type="checkbox"/> Add
		Tampa, FL 33619	<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
			<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)

Typed or printed name of signee