P100003940

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3/3/12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AUTO LEA	ASING OF TAMPA INC.			
DOCUMENT NUMBER: P1100010394				
The enclosed Articles of Amendment and fee are su	abmitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
TIM A. HAMED				
	Name of Contact Person			
TIM A. HAMED,	CPA, P.A.			
	Firm/ Company			
15310 AMBERLY	Y DR., SUITE 250			
	Address			
TAMPA FL 3364	7			
	City/ State and Zip Code			
TIMHAMED@YAHO	O.COM			
	sed for future annual report notification)			
	•			
For further information concerning this matter, please	se call:			
TIM A. HAMED, CPA, P.A.	at (813) 514-2905			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made	payable to the Florida Department of State:			
\$35 Filing Fee \$\sum \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section Amendment Section				
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				
Tallahassee, FL 32314 Cinton Building 2661 Executive Center Circle				
	Tallahassee, FL 32301			

Articles of Amendment Articles of Incorporation + of

AUTO LEASING OF TAMPA INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P11000103940

endment(s) to

 If amending name, enter the new nam N/A 	e of the corporation:		_The
	on "Corp," "Inc," or	on," "company," or "incorporated" or the al "Co". A professional corporation name must o "P.A."	bbre
B. Enter new principal office address, if a Principal office address MUST BE A STR		N/A	-
			-
Enter new mailing address, if applical	L. I		
(Mailing address MAY BE A POST OF		N/A	_
		N/A	- -
(Mailing address MAY BE A POST OF	FICE BOX) or registered office add	lress in Florida, enter the name of the	-
(Mailing address MAY BE A POST OF If amending the registered agent and/onew registered agent and/or the new r	PICE BOX) or registered office add egistered office addres	lress in Florida, enter the name of the	-
(Mailing address MAY BE A POST OF If amending the registered agent and/onew registered agent and/or the new registered agent	FICE BOX) or registered office add	lress in Florida, enter the name of the	-
Mailing address MAY BE A POST OF If amending the registered agent and/o new registered agent and/or the new r	PICE BOX) or registered office addeses I/A	lress in Florida, enter the name of the	-
(Mailing address MAY BE A POST OF If amending the registered agent and/o new registered agent and/or the new resistered agent and/or the new registered agent	PICE BOX) or registered office addeses I/A	lress in Florida, enter the name of the ss:	-

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change × Add Remove	<u>v</u>	BASMEH ALJAJEH	5018 N 22ND STREET TAMPA FL 33610
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove		-	
5) Change Add Remove		-	
6) Change Add Remove		-	

E. If amending or adding additional Arti (attach additional sheets, if necessary). N/A	(Be specific)
F. If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A) N/A	nange, reclassification, or cancellation of issued shares, and and an analysis

The date of each amendment(s)	adoption: 03/05/2012
Effective date <u>if applicable</u> :	3/05/2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated 03/05	5/2012
Signature	lahmond Farin, PRES.
(By a select	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	MAHMOUD A. FARIA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)