

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

LS000 190489

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000396225 3)))



H220003962253ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : MCLIN & BURNSD P.A.
 Account Number : 104657003604
 Phone : (352)753-4690
 Fax Number : (352)751-4993

2022 NOV 21 AM 9:43
 SECRETARY OF STATE
 TALLAHASSEE, FL
FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Carlie5@mclinburnsed.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 PHILL'S AUTOSEA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

C. BRUMBLEY

NOV 22 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Phill's Autosca, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

FILED 2022 NOV 21 AM 9:43 SECRETARY OF STATE TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on November 10, 2015 and assigned Florida document number L15000190489

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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	Linda Phillips	2160 US Hwy 27/441	<input checked="" type="checkbox"/> Add
		Fruitland Park, FL 34748 34731	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

