118000213750

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer Special Instructions to Filing Officer ALLA CONCHINE
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Amend/Mame

SEP 18 2019 I ALBRITTON

COVER LETTER

TO: Registration Se Division of Cor			٠.,		
SUBJECT: 2 54	Century Anna of 1	romotive Limited Liability	Grup	LLC	
The enclosed Articles of a	Amendment and fee(s) are:	submitted for fi	iling.		
Please return all correspon	ndence concerning this mat	tter to the follow	wing:		
	Sherard	Giol Name	of Person		
	2154 Cen	Nay A	J'DMOTAL Company	Grup	LUC
	5004 6	E Foul	u2 Ave	S7€	<u>C332</u>
	TAMOR	FL	33617		
	21000	ropair	and Zip Code One: future annual rep	1. cem	
For further information co	ncerning this matter, please		Tutur e-a nnual rep	ort notification	1)
Sherard	Gibbes	at (813, 49	8/- 57 3	5 9
Name of	Person		rea Code	Daytime Teler	ohone Number
Enclosed is a check for the	following amount:				
• • \$25.00 Filing Fee	*\$30,00 Filing Fee & Certificate of Status	Certi	Filing Fee & fied Copy onal copy is enclose		• •\$60.00 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



September 17, 2019

SHERARD GIBBES 5004 E FOWLER AVE STE. C332 TAMPA, FL 33617

SUBJECT: 21ST CENTURY AUTOMOTIVE GROUP LLC

Ref. Number: L18000213750

We have received your document for 21ST CENTURY AUTOMOTIVE GROUP LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 019A00019268

Irene Albritton Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF:

The Articles of Organization for this Limited Liability Company were filed on $\frac{9/11/13}{}$ and assigned Florida document number L 18000 213750. 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: Sherara Gibbes

5004 E Fowler Ave STE C332

Emer Florida street address Name of New Registered Agent: New Registered Office Address: Florida 33617

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, Senature 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

Title	<u>Name</u>	Address	Type of Action
CEO	Sebastran Molinares	5004 E Fowler Are	• •∧dd
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Et it me date ins	serted in this block does not mediate on the Department of S	ieet the applicable sta	itutory filing require	ments, this date will not	be listed as
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Page 3 of 3

Filing Fee: \$25.00