

L21000023112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

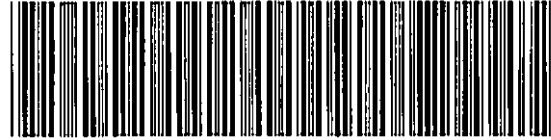
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
CLERK OF STATE

16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JC Automobile Pros LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cole Kemmer
Name of Person

Firm/Company

8836 Grey Hawk Pt.
Address

Orlando FL 32836
City/State and Zip Code

cole@atlantickeyenergy.com
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Vincent Tetro at (209) 407-7109
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing fee
- \$30.00 Filing fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

JC Autoline Pros LLC

(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 1/08/21 and assigned Florida document number L21000023112.

This amendment is submitted to amend the following:

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

JC Autoline Pros 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**)

8830 Grey Hawk Pt.

Orlando, FL 32836

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

8830 Grey Hawk Pt.

Orlando FL 32836

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

Florida

City

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

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TALLAHASSEE, FLORIDA

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	CR Krimmer Enterprises Inc.	8830 Grey Hawk Pt	<input type="checkbox"/> Add
		Orlando, FL 32836	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Market Force	8830 Grey Hawk Pt.	<input type="checkbox"/> Add
		Orlando, FL 32836	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Vincent Tetro	8830 Grey Hawk Pt	<input checked="" type="checkbox"/> Add
		Orlando, FL 32836	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tim MacDonald	8830 Grey Hawk Pt	<input checked="" type="checkbox"/> Add
		Orlando, FL 32836	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA

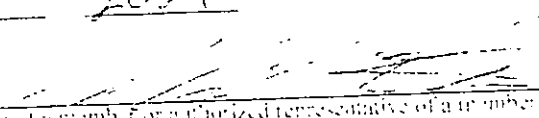
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (a) The date the record is filed; or (b) The 90th day after the record is filed.

Date: May 13th 2021



Signature of a member or authorized representative of a trustee

Vincent Tetto

Typed or printed name of signer