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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration 8 Division of Cor		٠	
CHID IE		uto and RV Sales LLC		
SUBJE)	C. I.	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and feets) are sub	mitted for filmg.	
Please re	eturn all correspo	ondence	to the following:	
		Tuile John		
			Name of Person	
		No Lamit Auto and RV Sal	es LLC	
			Firm Company	
		110 US Hwy 92 East		
			Address	
		Auburndale, FL 33823		
			City State and Zip Code	
			to be used for future annual	report notification)
For furth	ner information is	on terming this matter, please ea	all:	
Tulle Jo	ohn		863 51 at ()	
	Nanc, o	f Person	Aren Code	Daytime Telephone Number
Enclosed	d is a check for th	ne following amount:		
■ \$25	,00 Filing rec	\$30.00 Filing Fee & Certificate of Status	2 \$55,00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &
	Mailing Addres Registration S	Section	-	ation Section
	Division of C	orporations	Divisio	on of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

No Limit Auto and RV Sales LLC

company has been actified in writing of this change.

(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 \$\frac{11-01-2021}{2}\$ ____ and assigned Florida document number $\frac{1.21000472333}{2}$ 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 "Lamited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing addn. - , if applicable, (Mailing address MAY BE A PCST OFFICE BOX) B. If amending the legal were regard 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 New Registered Age 6's Signature, if changing Registered Agent; I hereby accept the \mathcal{A} pointment as registered agent and agree to act in this capacity. I further agree \mathbf{s} comply with the provisions of all stances relative to the proper and complete performance of my duties, and Langlamillar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Orl if this document is

being filed to merely reflect a change in the registered office address. Thereby confirm that the $rac{\pi}{2}$ highlity

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>	Name	Address	Type of Action
MGR	Tully tolin	110 OS Hwy 92 F. Auburndale, FL 33823	€Add
			□Remove
		-	□Change
			IRemove
			□ Change
			DAdd
			□Remove
			□Change
	·		DAdd
			□Remove
]Change
			IAdd
			□Remove
			Z!Change
			□Remove
			□Change

•	
,	
Note:	ive date, if other than the date of filing:
e reco rd is f	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b). The 90th day after the led.
Dated	December 8 Tolke Safe 2021
	Tolle FH Signature of a member or authorized representative of a member
	Colle John Hall Soft Speci or printed name of signee