

L23 000025724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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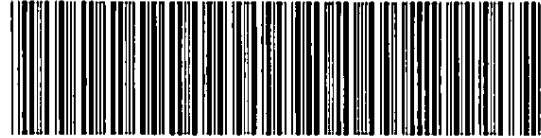
(Business Entity Name)

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 06/13/23

NAME: ZOOM AUTO EXCHANGE LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zoom Auto Exchange LLC Amendment (specify name)
Name of Limited Liability Company

Articles (Amendment and fees) are submitted for filing.

For correspondence concerning this matter to the following:

Curtis Beaton

Name of Person

Zoom Auto Exchange LLC

Firm/Company

110 West Seneca Ave Ste 106

Address

Tampa Florida 33612

City/State and Zip Code

Zoomaxfl@gmail.com

E-mail address: (to be used for future annual report notification)

For information concerning this matter, please call:

Curtis Beaton

Name of Person

at (813)

Area Code

778-2633

Daytime Telephone Number

Enclosed for the following amount:

☒ \$30.00 Filing Fee &

Certificate of Status

☐ \$55.00 Filing Fee &

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(additional copy is enclosed)

☐ \$60.00 Filing Fee,

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(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 627
Tallahassee, FL 32311

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

FILED

2022 JUN 13 PM 1:25

CLERK OF STATE
TALLAHASSEE, FL

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

Our Articles of Organization for this Limited Liability Company were filed on 1/12/22 and assigned
document number L23000025724.

This amendment is submitted to amend the following:

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

Zoom Auto Exchange LLC
The name must be distinguishable and contain the words "Limited 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 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

Florida

City

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. 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

OFFICE OF STATE
LEGISLATIVE COUNSEL
TALLAHASSEE, FL

STATE OF FLORIDA

2023 Jun 13 PM 1:25

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Effective date, if other than the date of filing: _____ (Optional)
(If this 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)

If the record 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 record is filed

Date: June 13th, 2023

Cinta Ballo
Signature of a member or authorized representative of a member

Typed or printed name of signer

Filing Fee: \$25.00