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(Requestor's Name) (Address) (Address)	900334790329
(City/State/Zip/Phone #)	09/30/1901014010 *25.
Certified Copies Certificates of Status	
Office Use Only	OCT 1 5 2019

· Co	OVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: <u>Cell Stock</u> Name of Limited	auction LLC
The enclosed Articles of Amendment and fee(s) are submit	ted for filing.
Please return all correspondence concerning this matter to	the following:
Robert tr	enderson . Name of Person
<u>All St</u>	Dck Auction LLC
13107 N	McIntosh Rd.
Thonoto	Sassa, FL 33592
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, please call:	
Robert Aender son JA	at (<u>813</u>) <u>426-276</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

I	0
ARTICLES OF C	ORGANIZATION
0)F
<u>All Stock Aucto</u> (Name of the Limited Liability Compa (A Florida Limited	on LLC any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{LONOOO34674}$	were filed on <u>2/18/2008</u> and as
This amendment is submitted to amend the following:	O P
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" or the abbreviation "L.
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)	13107 N. MCIntosh ThonotosA55A, FL 33592
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	
Name of New Registered Agent:	<u>A Alnderson JR.</u> <u>9 Franklin Rd</u> Enter Florida street address <u>M City</u> , Florida <u>3350</u> <u>Zip Code</u>
New Registered Agent's Signature, if changing Registered Agent;	
I hereby accent the annointment as registered agent and agr	ee to act in this canacity. I further garge to compl

1.2.3

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

or removed nom our records.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	 <u>Tiype (</u>
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			Rei
	$(\cdot \cdot)$		Ch:
MGRM	David A.Kichard	15 18801 Serai Rd Lutz, FL 33548	/ []] Adc
		Jutz, FL 33548	Ren
			 Chai
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			 Add
			_□ Remove
			_□ Change

Effective date, if other than the date of filing: $9/19/2019$ (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 (
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be a document's effective date on the Department of State's records.
abeatient's encetive date on the Department of State's records.
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear
The 90th day after the record is filed.
Dated 9/19/2019
A LINHA
A HAAD
Signature of a member or authorized representative of a member
DAVID A. Richards
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00