

41000007465

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000185750 3)))



H240001857503ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COTTRELL TAX & ACCOUNTING, LLC
Account Number : I20230000179
Phone : (239)449-4881
Fax Number : (239)591-2359

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: admin@CTA.tax

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SEAN'S TOTAL CAR CARE LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

DELIVERED

2024 MAY 24 AM 9:01

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2024 MAY 24 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H24000185750 3))

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SEAN'S TOTAL CAR CARE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Todd S. Mathurin

Name of Person

Cottrell Tax & Accounting, LLC

Firm/Company

5633 Naples Blvd.

Address

Naples, FL 34109

City/State and Zip Code

Admin@CTA.tax

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

For further information concerning this matter, please call:

Todd S. Mathurin

239

4499-4881

at ()

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

((H24000185750 3))

(((H24000185750 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SEAN'S TOTAL CAR CARE 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 03/16/2010 and assigned
Florida document number L10000029465.

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:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

City

Zip

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

(((H24000185750 3)))

FILED
2024 MAY 24 AM 9:22
CLERK OF STATE
TALLAHASSEE, FL

((H24000185750 3)))

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>
MGRM	MATTINGLY, TYLER	11100 SUMMERLIN SQUARE DR	<input type="checkbox"/> Add
		FORT MYERS, FL 3393	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Jennifer Renee Reid	2824 SW 29th PL	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33914	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H24000185750 3)))

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

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.

Dated May 23rd 2024

Typed or printed name of signatory

Filing Fee: \$