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AM		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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COVER LETTER

Division of Corporations	
000000	AWOMOTIVE LLC e 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:
Anthony	Holmes Name of Person
Mirror .	Firm/Company
1504 E	26th Ave
TAMPA	City/State and Zip Code Lip Point and Sody 20 1/6 MM/CrM ddress: (to be used for future annual report notification)
Mirror Finis E-mail ac	h Pount and Sody 2011 @ MMI. CVM ddress: (to be used for future annual report notification)
For further information concerning this matter, p	please call:
Heiha Pinikm Name of Person	at (727) 6/005 88 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	<u> </u>
Mailing Address:	Street Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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
			🗆 Add
			□Remove
			🗆 Change
			□ Add
			□Remove
			□ Change
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