L1200004359

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

Office Use Only



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11/18/22--01002--018 **55.00



C/ 11/17/2022

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

SUBJECT:		UTO SALES, LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Judith K Petitt		
			Name of Person	
		Marks Auto Sales		
			Firm/Company	
		2046 51St Streett N		
		<u></u>	Address	
		St Petersburg, FL 33710		
			City/State and Zip Code	
		judyp@tampabay.rr.com		
		E-mail address: (t	o be used for future annual report	notification)
For further in	formation co	oncerning this matter, please ca	ill:	
Judith Petitt			727 455-9793	i .
	Name of	Person	at () Area Code Day	time Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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)
<u>Maii</u> Reg	ling Address	<u>:</u> ection	Street Address Registration	
		orporations	Division of C	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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

FILED

2022 NOV 17 PM 4: 40

MARKS AUTO SALES, LLC

company has been notified in writing of this change.

SECRETARY OF STATE TALLAHASSEE, FL

(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 01/05/2012	and assigned		
Florida document number L12000004359					
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liabi	ity Company," the designation "I	LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	icable:	·			
(Principal office address MUST BE A STRE	ET ADDRESS)	*****			
Enter new mailing address, if applicable:		2046 51st Street North			
(Mailing address MAY BE A POST OFFICE	E BOX)	St Petersburg, FL 33710			
			-		
B. If amending the registered agent and/or agent and/or the new registered office addresses		ddress on our records, <u>ent</u>	er the name of the new registere		
Name of New Registered Agent:	N/A				
New Registered Office Address:					
New Registered Office Address.	•	Enter Florida street ada	lress		
			Florida		
		City ,	Florida		
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as register provisions of all statutes relative to the prop	per and complete	performance of my duties.	and I am familiar with and		
accept the obligations of my position as reg being filed to merely reflect a change in the					

If Changing Registered Agent, Signature of New Registered Agent

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>	Type of Action
MGRM	McFADDEN MARK S	4245 118TH AVENUE N	
		CLEARWATER. FL 33762	■Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
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ote: If the da	ite inserted in the	is block does i	not meet the	applicable s	tatutory filing	g requireme	nts, this date	e will not b	e listed a
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record specifi is filed.	es a delayed effe	ective date, but	t not an effe	ctive time, a	: 12:01 a.m. c	on the earlie	er of: (b) T	he 90th day	y after the
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Typed or printed name of signee