## L12000009354

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S. PRATHE:



October 4, 2022

JUST RIGHT AUTO SALES LLC 4537 AVALON BLVD MILTON, FL 32583

SUBJECT: JUST RIGHT AUTO SALES LLC

Ref. Number: L12000009354

We have received your document for JUST RIGHT AUTO SALES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is L22000246494.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 922A00022070

Stacy Prather Regulatory Specialist III

## **COVER LETTER**

TO: Registration Sec Division of Corp	porations		
SUBJECT:	Pright Auto S Name of Limit	ed Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Michael 1	hafhan Hayus Name of Person	
		Firm/Company	
	4537 Awlen :	Blvd Address	
	Milton Fl	City/State and Zip Code    Markstate and Zip Code     Markstate and Zip Code     One of the used for future annual report notification	
	nhayes 205 6 E-mail address: 10	dmarl. Com 6 be used for future annual report notif	ication)
For further information of Michael Way	oncerning this matter, please ca	at ( <b>850</b> ) 49 <b>\$</b>	7060
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the S25.00 Filing Fee	Signature of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[] \$60.00 Filing Fee, Certificate of Status & Certified Copy toadditional 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

October 17th, 2022

2022 00T 20 AHTH: 10

Division of Corporations PO BOX 6327 Tallahassee, Florida 32314 Attention: Stacy Prather Regulatory Specialist III

This is my letter stating I have no intention of revoking the dissolution L22000246494 I filed on May 27th, 2022, therefore releasing the name for use to another entity L12000009354 (Just Right Auto Sales LLC).

As directed in the letter number 922A00022070 from Stacy Prather, Regulatory Specialist III dated October 4, 2022.

Sincerely,

Michael Nathan Haves

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Just Right Auto Sales LLC

Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

Florida document number <u>L12000</u>004354 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 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. 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 amending Authorized Person(3) 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>	Address	Type of Action
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