## L13000143618

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2020 MAY 22 PM 6: 55



## **COVER LETTER**

Division of Cor			
Great Auto	Sales LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub-		
	Anthony O. Smith		
		Name of Person	<u></u>
	Great Auto Sales LLC		
		Firm/Company	
	4032 Greenwillow Ln Wes	x .	
		Address	
	Jacksonville, Florida 3227	7	
		City/State and Zip Code	
	greatauto@comcast.net	to be used for future annual report noti	fication)
For further information of	concerning this matter, please co		·
Anthony O. Smith		904 945-0772 at ()	
Name o	of Person		e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres		<u>Street Address:</u> Registration Se	
Division of C	Corporations	Division of Cor	porations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION HAY 22 PM 6:55

Great Auto Sales LLC

TALLAHASSEE, FLUR

(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 10/10/2013 \_\_\_\_\_ and assigned Florida document number L13000143618 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Eson Group LLC 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) P.O. Box 8035 Enter new mailing address, if applicable: Jacksonville, Florida 32239 (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

## 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

, Florida \_\_

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 = M AMBR = A	lanager uthorized Member		
Title	Name	Address	Type of Action
			□Add
			□ Remove
			☐ Change
			□Add
			□ Remove
			Change
	<u></u>		□Add
		<del></del>	□Remove
			Change
			□ Remove
			Change
		· 	□Add
			□ Remove
			☐ Change
		<del></del>	□Add
		,	□ Remove

Only changing the name	o: Eson Group LLC.			
Also the mailing address		<u> </u>		
		<del></del>		
_				
	<u> </u>			
	05/16	v/2020	(or	otional)
te: If the date inserted in the	emust be specific and cannot b is block does not meet the ne Department of State's re	applicable statuto	ne or more than 90 days at	Rer filing.) Pursuant to 605.02
ecord specifies a delayed eff is filed.	ective date, but not an effec	ctive time, at 12:0	1 a.m. on the earlier of:	(b) The 90th day after th
05/16 ted	2020			
	1 6 4			

Filing Fee: \$25.60