## L14000188255

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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08/21/23--01011--002 \*\*25.00





## **COVER LETTER**

TO:

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Olley has come			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Name of Limited Liability Company  ed Articles of Amendment and feets) are submitted for filing.  rn all correspondence concerning this matter to the following:    Francisco Acevetlo		
Please return all correspo	ondence concerning this matter	to the following:	
	Francisco Acevedo		
		Name of Person	<del></del>
	Core Business Consulting	Services LLC	
	· · · · ·	Firm/Company	
	3632 Land O Lakes Blvd #	102-20	
		Address	<del></del>
	Land O Lakes FL 34639		
		City/State and Zip Code	
	<del>-</del>		1
For further information c			,
Francisco Acevedo		813 528-3607	
Name o	f Person	Area Code Daytime Telep	hone Number
Enclosed is a check for the	ne following amount:		
■ \$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Division of Corporations		Division of Corporations	
Tallahassee, l		2415 N. Monroe Stre	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Core Auto Sales LLc		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our record Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 01/01/2015	and assigned
Florida document number L14000188255		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
Core Business Consulting Services LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3632 Land O Lakes Blvd.Suite	<b>~</b> ~
Principal office address MUST BE A STREET ADDRESS)	Land O Lakes, FL 34639	S 023
Enter new mailing address, if applicable:	Same	21 P
Mailing address MAY BE A POST OFFICE BOX)		
		15.08 15.08
		<b>co</b>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter	the name of the new regist
New Registered Office Address:		
	Enter Florida street addres	SS
	, FI	loridaZin Code

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

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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			□Add
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ffective date, if other than the c	late of filing:	i con	(optional)	(05.0305
an effective date is listed, the date must ote: If the date inserted in this blo-	ck does not meet the appli	cable statutory filing re	nan 90 days after filing.) Pursu quirements, this date will no	ot be listed as
ocument's effective date on the De	partment of State's records	÷.		
record specifies a delayed effective l is filed.	date, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The 90th	day after the
Auguest 8th	2023			
7				
- Thomas	Signature of a member or auth			<del></del>
•	organiture of a themper of auti	torized representative of a	псинсі	
Francisco Acevedo				
	Typed or prin	ted name of signee		

Filing Fee: \$25.00