

L16000069565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

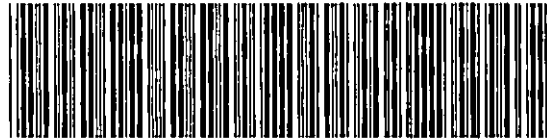
(Business Entity Name)

(Document Number)

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17 OCT 27 AM 9:27

FILED
STATE
DIVISION OF CORPORATIONS

M. MILLIGAN

OCT 27 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Executive Class Autos LLC
Name 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:

Kimberly Jones
Name of Person

Executive Class Autos, LLC
Firm/Company

12717 W. Sunrise Blvd #104
Address

Sunrise FL 33323
City/State and Zip Code

executivclassauto@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Jones at 954 901-2533
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 OCT 27 AM 9:37

Executive Class Autos, LLC

(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 04/07/2016 and assigned Florida document number 116000069565.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

12717 W. Sunrise Blvd #164
Sunrise, FL 33323

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12717 W. Sunrise Blvd #164
Sunrise, FL 33323

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:

Kimberly Jones

New Registered Office Address:

12717 W. Sunrise Blvd #164

Enter Florida street address

Sunrise

Florida


33323

City

Zip Code

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

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>	<u>Type of Action</u>
<u>MGR</u>	<u>Micah Henderson</u>	<u>12717 W. Sunrise Blvd</u>	<input type="checkbox"/> Add
		<u>Sunrise, FL 33323</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Kimberly Jones</u>	<u>12717 W. Sunrise Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>Suite # 164</u>	<input type="checkbox"/> Remove
		<u>Sunrise FL 33323</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
 Note: If the date inserted in this block is not the date of filing, the filer must also insert the date of filing in the block immediately preceding this block.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized

Signature of a member or authorized representative of a member

Kimberly Jones
Typed or printed name of signee

Typed or printed name of signee

17 OCT 27 AM 9:38

DIVISION OF CORPORATIONS