U1000030248

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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Shatos Auto Sala Name of Limited Li	es 4 Transport, LLC ability Company
The enclosed Articles of Amendment and fee(s) are submittee	1 for filing.
Please return all correspondence concerning this matter to the	following:
Sharlethia	Prince of Person
Shatos Auto	Sales of Transport, LLC Firm/Company
4949 Reflection	Grand Circle
Winauma, I	-C 33578 y/State and Zip Code
Stylusaltos E-mail address: (to be a	sed for future annual report notification)
For further information concerning this matter, please call:	
Sharkthia Andrews Name of Person	813 591 - 0171 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
🏏 310000 reather roc 👊 300000 reather roc 🕾 👊 Certificate of Status	Certified Copy (additional copy is enclosed) Cardinal Copy (additional copy is enclosed)
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negatiation section Division of Corporations	Registration Section Division of Corporations
or on the	Common Servicing

1 attanassee. 11. 54514

2661 issecutive Center Chele Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maios Huto Sales 4 T (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	recorus.)	
The Articles of Organization for this Limited Liability Company Florida document number 1700030248	were filed on \bigcirc – \bigcirc	and assigne	d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designatio	n "LLC" or the abbreviation "L.L.C."	,
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		18 HAY	SECRE
Enter new mailing address, if applicable:	le: 2075		
(Mailing address MAY BE A POST OFFICE BOX)			슬광다. 증소다
		-	Sign Sign
D. It amending the registered agent and/or registered of registered agent and/or the new registered office address her		ccords cutti me name or s	III Ke nen
Name of New Registered Agent:			
New Registered Office Address:			
· · · · · · · · · · · · · · · · · · ·	Enter Florida stree	address	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
provisions of all statutes relative to the proper and complete			
veing facu to merety reflect a change in the registered office company has been notified in writing of this change.	шин с.м. 1 негеоў сопр	rm mai me ismuea navimy	

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Shanta Tori Rivers	4949 Reflecting Pord Circ	le □ Add
		4949 Reflection Pord Circi Wimauma, FL 33598	Remove
			☐ Change
			🗆 Add
			□ Remove
			Change
			D Add
			□ Remove
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			🗅 Add
			Remove
			Change
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			Change
			Add
			Remove
			☐ Change

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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than e: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.02 ements, this date will not be listed
record specifies a delayed effective date, but not an effective time, a he 90th day after the record is filed.	t 12:01 a.m. on the earlier
May 16, 2018.	

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Filing Fee: \$25.00