L17000124262

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO: Registration Section Division of Corporations

Debary At SUBJECT:	no Sales, ELC.							
	Name of Lin	ited Liability Company						
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.						
Please return all corresp	ondence concerning this matter	to the following:						
	Theron Waters							
		Name of Person						
	Debary Auto Sales							
		Firm/Company						
	19 Legion Place							
	Address							
	Debary, FL 32713							
		City/State and Zip Code						
	info@debaryautosales.com E-mail address.t	to be used for future annual report notif	ication:					
For further information (concerning this matter, please co							
Theron Waters		407 619-6031						
Name (of Person	at ()	Telephone Number					
Enclosed is a check for t	he following amount:							
■ \$25.00 Filing Fee	☐ \$30,00 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 ADDRESS:

Registration Section Division of Corporations P.O. Boy 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

Debary Auto Sales, 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 Mar 01, 2018 and assigned Florida document number $\frac{1.17000124262}{}$ 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 "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 BON) 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

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>	Type of Action
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an effi	ective date is listed, th	e date must be	specific and	cannot be pr	rior to date o	f filing or more	than 90 days at	ter filing.) Purs	uant to 605	5.020
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Typed or printed name of signee

Filing Fee: \$25.00