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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Show Cars	of Bocy K	lator LLC
	Name of Diffi	сса глаотку Сотрану	
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
		Brian Cast Name of Person	loman
	Show	Cass of Bi	sca Raton UC
	1871 N.	N 15 Ct	長
	Bo	ca Ration +	2 33432
	_	City/State and Zip Obde  Low Sof Local  o be used for future annual repo	
For further information co	oncerning this matter, please ca	ill:	
Nume of	Person	at ( <u>410</u> )	Daytime Telephone Number
Enclosed is a check for th	e following amount:		
S25 00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclose	\$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

$(\Lambda)$	Florida Limited Liability Company)	AHASSEL F
The Articles of Organization for this Limited Liabil	lity Company were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.		
B. If amending the registered agent and/or regis	iere:	
Name of New Registered Agent:	Howard Castle 1871 NW 1st C	eman
New Registered Office Address:	inter curicus sireci daniess	_
-	Bocg Raton Flor	ida <u>33432</u>
Nam Desistand Assat's Cimpatura if charming Days	V.10	infortan

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>	Address	Type of Action
AMBR	Howard Castleman	n 1871 NW 1 st ct Bock L	133432 Sadd
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Renюve
			□Change

I need to add Howard Costoman	_
her was all monard (x) Tryman	_
back as a authorized agent of	-
Show Cars of Bock Ledon U.C.	_
I have decided it's in our best inderest	-
Docks	_
	_
Cutton	_
CEO	_
	_
	_
	-
	-
	_
	_
	_
E. Effective date, if other than the date of filing: $\frac{10/2/21}{2000}$ (optional)	
(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 60  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis	)5,0207 (3)(b) sted as the
document's effective date on the Department of State's records.	
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 aftercord is filed.	er the
Dated 11/16 2021	
Dated	
Signature of a member or authorized representative of a member	
Brian Castleman Typed or printed name of signee	
Typed or printed name of signee	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)