L17000220779

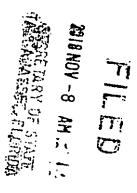
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COVER LETTER

	Registration Se Division of Cor					
end ire		aurant and Sports Bar LLC				
SUBJEC	1: <u></u>	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	-			
		Deborah Cummins				
			Name of Person			
		31624 Terrace Drive	Firm/Company			
		Tavares, FL 32778	Address			
City/State and Zip Code trippii@comeast.net					2018 NOV -	اعلب
For furthe	er information c	E-mail address: (oncerning this matter, please ca	to be used for future annual rep	ort notification)	#i~ ∞	
Deborah	Cummins		352 409-1	229	AM .V.	
	Name o	f Person		Daytime Telephone Number	<u> </u>	
Enclosed	is a check for th	ne following amount:				
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	e of Status &	

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

U.T.'s Restaurant and Sports Bar LLC						
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Lability Company)					
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000220779</u>		ssigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
Anything Automotive & Trucks, LLC		 				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation	"L.L.C."				
Enter new principal offices address, if applicable:	15475 Old US Highway 441					
(Principal office address MUST BE A STREET ADDRESS)	Tavares, FL 32778					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NON BIEZ					
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	office address on our records, enter the name:	ne Mithe ne				
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street address					
	. Florida					
	City Zip Ce)(le'				

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>Address</u> Type of Action <u>Title</u> <u>Name</u> _□ Add _□ Remove _□ Change _D Add □ Remove _ Change □ Add ☐ Remove .□ ∰angc ☐ Change \square Add □ Remove ☐ Change _ 🗆 Add ☐ Remove ☐ Change

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Effective date, if other than the (If an effective date is listed, the date mu	ist be specific and cannot l	be prior to dat	e of filing or more	than 90 days after	naÑ⊋ filin⊋iPar	sua nt j o 6	05.0207 (3)
Note: If the date inserted in this b document's effective date on the I			tatutory filing r	equirements, this	datë will	not be l	isted as the
the record specifies a delayed) The 90th day after the rec		out not an	effective tin	ne, at 12:01 a	.m. on t	he ear	lier of:
	2018						
October 26 Dated							
Dated October 26	Signature of a member	or authorized	representative of	a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00