## L17000248164

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sheppard's Prosperity Auto Sales 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:
TE Quilla M. Sheppard
Tunic Of The Control
304 SE Jeverny Pl
7
Lake City Dla, 32025
Legulla Sac Graul Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TEQUILA M Sheppard at 352 745-8359  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status & 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. 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

Steppard's Prospertly Auto Siles LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(Name of the Limited Mability Company as it now app (A Florida Limited Liability Compan)	y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number $117000248164$	12 4 17 and assigned
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," t	he designation "LLC" or the abbreviation "L.L.C."
	P.*
Enter new principal offices address, if applicable:	55)
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
.,	
ipraining data ess may the artost of tree bosy	C.D
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Ente	Florida street address
	, Florida
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>	Address	Type of Action
MGR	Te Quilla M Stop	paid 304 SE Jeverny	□ Add
		QI	□ Remove
		Lake City Sla	Change
		Lake City Ha 32025	Add
			☐ Remove
			Change
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Effective date, if other than the date of filing:  [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 605.0207 Mote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted as document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated  [A. D. D. B. D. D. B. D. D. B. D. B. D. B. D. B. D. B. D. D. B. D. D. B. D. B. D. B. D. D.						
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Filing Fee: \$25.00