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COVER LETTER

FILING CANCELLED DUE TO RETURNED CHECK

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company 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:
CABROLL JABRAR LACK Name of Person
-AUTO GLORAT TRAILS PORT, LLC
2191 LIESTOR CWRT
Salta Brach, Fr 33312 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 865-8058 Area Code Daytime Telephone Number Con Parising Telephone Numb
Enclosed is a check for the following amount:

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears of our records.	
The Articles of Organization for this Limited Liability Company Florida document number (1700351114.	were filed on $12 7 17$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile. The new name must be distinguishable and contain the words "Limited Liabile."		previation "L.L.C."
Enter new principal offices address, if applicable:	MA.	neviation (3.6.C.
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	M(A	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:	MA	మ్ త [ా]
New Registered Office Address:	Enter Florida street address	
	, Florida	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

Type of Action Title Name Address FILING CANCELLED ☑ Change DUE TO RETURNED CHECK □ Add □ Remove _ Change __ 🗆 Add ☐ Remove □ Change □ Add ☐ Remove _□ Change ☐ Add □ Remove ☐ Change ☐ Add ☐ Remove _□ Change

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fan ef <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the record is filed.
ated	Jacob Filing Cancelled
vated	DUE TO RETURNED CHECK
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	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00