

L17000258783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

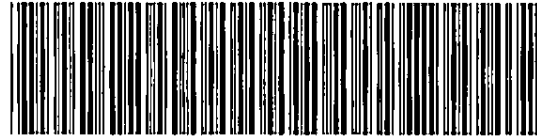
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
OCT 25 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

White Glove Car Service, LLC

SUBJECT: _____
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:

Brian Artze

Name of Person

Firm/Company

2810 Kipps Colony Dr S

Address

Gulfport, FL 33707

City/State and Zip Code

brianartze@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Artze

727

709-3312

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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. 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

2020 SEP 17 PM 5:54
TALLAHASSEE, FL
REGISTRATION SECTION

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

White Glove Car Service, 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 12/19/2017 and assigned
Florida document number L17000258783.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

103 Brigadoon Dr

Clearwater, FL 33759

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

103 Brigadoon Dr

Clearwater, FL 33759

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:

Eileen Torres

New Registered Office Address:

103 Brigadoon Dr

Enter Florida street address

Clearwater

Florida

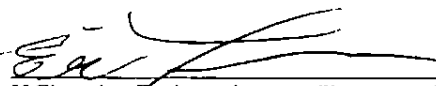
33759

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Brian Artze	2810 Kipps Colony Dr S., Gulfport, FL 33707	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eileen Torres	103 Brigadoon Dr., Clearwater, FL 33759	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY
TALLAHASSEE, FL
2020 SEP 17 PM 3:54
FBI

2020 SEP 17 PM 5:54
SECRET
TALLAHASSEE, FL

2020 SEP 7 PM 5:54
SECTION 1
TALLAHASSEE FL

(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 (3)(b)

Dated September 14, 2020

Signature of a member or authorized representative of a member

Brian Arbel Eileen TONGES
Typed or printed name of signee