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## **COVER LETTER**

ГО;	Registration Secti Division of Corpo			
SUBJE	ССТ:	Tampa A	UTOS LLC ted Liability Company	
The end	closed Articles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please i	return all correspond	ence concerning this matter t	o the following:	
		Jonam	an Johnson Name of Person	
		Tampa	a Mutos, LC	<del></del>
		14904 Ari	OV SPYINGS CIR	. # 262
			PL 33024 City/State and Zip Code  NJ813@ UNIO. CO o be used for future phrual report notif	)M
For fur	ther information con	E-mail address: (t cerning this matter, please ca		ication)
	Name of P	- · ·	at ( <u>813</u> ) <u>500 –</u> Area Code Daytime	1969 Telephone Number
Ençlos	ed is a check for the	following amount:		
<b>g</b> \$2:	5.00 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tampa Autos, a	LC
(Name of the Limited Liability Company (A Florida Limited Lia	r as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	11616
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y 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)	
	1.
	71 72
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Emer Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent and agree	e to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Au	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
mgr	Jenny S Smirm	14904 Arbor Springs CIrcle #202 Tampa. FL 33624	
		tampa. FL 33624	Remove
		···	Change
MGR	Jonathan Johnson	#202 Tampa, PL 33024	L_ <b>∆</b> √Add
		Tampa, Pe 332024	Remove
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(If an eff	ive date, if other than the date of fective date is listed, the date must be spec	ific and cannot	be prior to date	of tiling or more	than 90 days after	filing.) Pursuant	to 605.0207
docum	If the date inserted in this block does nent's effective date on the Departme	nt of State's r	ecords.	atutory titing re	quirements, this	s date will not t	e fisted as i
	cord specifies a delayed effect 90th day after the record is:		out not an	effective tim	e, at 12:01 a	i.m. on the	earlier of:
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Dated	January 12	<u> . 2</u>	<u>.018</u> .				
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Filing Fee: \$25.00