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## **COVER LETTER**

TO: Registration Section Division of Corporat	ions		• •	.s <sup>c</sup>
SUBJECT:	Mame of Limite	ed Liability Company	- *	· 
The enclosed Articles of Amer		-		
_	Jonathan .	Name of Person		
_	Tampa Au	firm/Company		
_	MURRO 1911MC	Address		
_	TampaiF	L 33L035 City/State and Zip Code		
	TCMathan J E-mail address: (to	813© yayu be used for future annual	D. COM report notification)	
For further information concern	ning this matter, please call	:		
Johannan Johnson Johnson Name of Person	MJU1	at (813)_Area Code	Daytime Telepho	ne Number
Enclosed is a check for the foll	owing amount:			
\$25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		\$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tampa Autos, UC (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.	)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 1918	SECRETARY OF STA		
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	3132 s. 50m st Tumpa, ru	1 · 33619		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Nowo Almark Tampa, PL 3	<u> </u>		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter tl</u>	he name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:  Enter Florida street address				
	City.	rida		

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			SEGRETARY OF STATE  Change  Change  Change  Change
			DEC 12 PH-6: 39 RETARY OF STATE
			□Add
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			□Add
			□Remove
			□Change
			□Add
			□ Remove
		-	□Change
		-	
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sl	* *
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adareis. The registered agent an	d aumorred
Deson will remain the same	
Inaman Johnson	
	9019 SEC
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	EC 12 P
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	6: 39
	<u> </u>
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note:  If the date inserted in this block does not meet the applicable statutory filing requi document's effective date on the Department of State's records.	
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ecord is filed.	earlier of: (b) The 90th day after the
Dated December 9 2019	
- Godf	
Signature of a prepared or authorized representative of a me	INDE
Jonathan Johnson	
Typed or printed name of signee	