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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(D)
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 5, 2018

LATOYA K LOWE 6255 SW 25TH ST MIRAMAR, FL 33023

SUBJECT: BINGS AUTO LLC Ref. Number: L18000078210

We have received your document for BINGS AUTO LLC and your-check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please type or print name of signee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 618A00011614

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2018 JUL -2 AM II: 1-11
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bings Auto LLC		
(Name of the Limited Liability Compa (A Florida Limited)	uny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 180000</u> 78 210	were filed on 03/27/18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab A / A	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	hity 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)	2099 141 st street Opa Locka Fra. 33054	Bay 9
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A }:	23
B. If amending the registered agent and/or registered of	ffice address on our records, enter	r the filme of the ne
registered agent and/or the new registered office address her		
No wee Chieve Desirement Assess		
Name of New Registered Agent:		<u>, 0</u>
New Registered Office Address:	Enter Florida stréet 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 **Title** Name Address Type of Action Latoya K. Lowe 6255 S.W. 25th Street MAdd Miramar, Fla. 33023 DRemove MGR Ian Dixon 6255 S.W. 25 the street - Add Miranar Ha. 33023 Remove ____ Change Ian Dixon 2099 141st Street Bay 9 Add

Opa Locka

Remove AMBR la. 33054 ☐ Remove ☐ Change ☐ Add □ Remove

☐ Change

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Affective date, if other an effective date is listed Note: If the date insert document's effective d	l, the date must ted in this bloo	be specific and ck does not r	cannot be price the application	cable statute	ling or more ory filing re	than 90 days a	otional) fter filing.) F this date w	fursuant to	605.0207 isted as
e record specifies The 90th day aft				ot an effe	ctive tim	e, at 12:0	1 a.m. or	n the ea	rlier of
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Page 3 of 3

Filing Fee: \$25.00