

L18000111824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

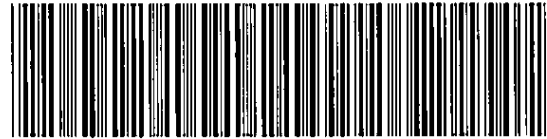
(Business Entity Name)

(Document Number)

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04/22/21--01006--017 \*\*30.00

FILED

2021 APR 22 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 APR 22 PM 11:49

L1122/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 444 Auto Sales LLC  
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:

Van Lawson  
Name of Person

444 Auto Sales LLC  
Firm/Company

3804 W Orange Blossom Trl 11 C11-C12  
Address

Orlando FL 32804  
City/State and Zip Code

444autosales@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Van Lawson at (407) 702-0065  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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** **FILED**  
**OF**

444 AUTO SALES LLC

2021 APR 22 PM 12: 57

(Name of the Limited Liability Company as it now appears on ~~our~~ records) **STATE OF FLORIDA**  
(A Florida Limited Liability Company) **TALLAHASSEE, FL**

The Articles of Organization for this Limited Liability Company were filed on 5/3/18 and assigned Florida document number L18000011824.

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

New Registered Office Address:

*Enter Florida street 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Vanlesha Lawson	754 Willett Dr	<input type="checkbox"/> Add
		Winter Garden, FL 34787	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Vanlesha Lawson	754 Willett Dr	<input checked="" type="checkbox"/> Add
		Winter Garden, FL 34787	<input type="checkbox"/> Remove
		!	<input type="checkbox"/> Change
MGR	Kashama Charles		<input type="checkbox"/> Add
		Cas	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 4/22, 21

VANLAWSON  
Typed or printed name of signee