L18000157221

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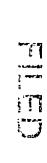


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S. YOUNG

COVER LETTER

	Registration So Division of Co			
eun ico	The Strong	St Moses Auto Sales LLC		
SUBJEC	.1:	Name of Lim	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Peter Andrawes		
			Name of Person	
		The Strong St Moses Auto	o Sales LLC	
			Firm/Company	
		1387 Castelnau Ct APT# 1	1	
			Address	
		Tallahassee, FL 32301		
			City/State and Zip Code	
		stmosesauto@gmail.com		
		E-mail address: ((to be used for future annual report notification)	
For furth	er information o	concerning this matter, please c	eall:	
Peter An	drawes		407 485-4362	
	Name o	of Person	at ()Area Code Daytime Telephone Number	
Enclosed	is a check for t	he following amount:		
≣ \$2 5.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing Addre Registration	Section	Street Address: Registration Section	
	Division of C P.O. Box 632	•	Division of Corporations The Centre of Tallahassee	
	r.o. Box 63. Tallahassee,		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Strong St Moses Auto Sales 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 <u>06/27/2018</u>	and assigned
Florida document numberL18000157221		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADDRESS)		
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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 th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida Zip Code
	CHY	zip соав

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, <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>	<u>Address</u>	Type of Action
MGR	Angela Abdelnour	1575 Paul Russel Rd APT# 2501	≣ Add
		Tallahassee, FL 32301	□Remove
			Change
			□Add
			□Remove
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Effective date, if other than fan effective date is listed, the date Note: If the date inserted in the locument's effective date on the	s block does not	t meet the applic	able statutory filir	iore than 90 days at	tional) fer (iling.) Pursuant to his date will not be	o 605.020 e listed a:
e record specifies a dela The 90th day after the	yed effective record is filed	date, but no d.	t an effective	time, at 12:01	a.m. on the e	arlier o
Dated		2020	_·			
(_
	Signature of	a member or anth	orized representative	of a member		
	~	\ \ \				

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Filing Fee: \$25.00