118000215197

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(Ad	dress)	
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— (Cit	y/State/Zip/Phone	e #)
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COVER LETTER

Registration Section
Division of Corporations

TO:

	HERS AUTO GROUP LLC				
30 03 CC1.	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	OW	EN G. CABALLERO MIRANDA	A		
	Name of Person				
JJ BROTHERS AUTO GROUP LLC					
		Firm/Company	· 		
2911 RULEME ST. SUITE 5					
		Address	•		
		EUSTIS, FL 32726			
		City/State and Zip Code			
	E-mail address:	to be used for future annual report no	otification)		
For further information of	concerning this matter, please c	all:			
OWEN G. CABALLER	O MIRANDA	407 777-0093			
Name of Person		at () Area Code Dayti	me Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 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 of Control Division of Control P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JJ BROTHERS AU	TO GROUP LLC		
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears .iability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL18000215197		09/10/2018	and assigned
This amendment is submitted to amend the following:			2020 JJ SECRA
A. If amending name, enter the new name of the limited liabi	UTO LLC		30
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de-	signation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			J. J.
(Principal office address MUST BE A STREET ADDRESS)			Σ ω
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2911 RULEME S EUSTIS, FL 327	·	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		cords, <u>enter the n</u>	ame of the new registered
		, Florida	Zip Code
	City		гір Соае
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre	ee to act in this c	apacity. 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>	Address	Type of Action
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			□Remove
			□Change
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Effective date, if other than of the date of the date is listed, the date of the date inserted in this document's effective date on the	must be specific ar s block does not	nd cannot be price meet the appli	icable statutory	or more than 90 day	(optional) ss after filing.) Pursua ts, this date will no	ant to 605.0207 ot be listed as
a record enseiting a dalayed offer	tive date, but no	ot an effective	time, at 12:01 a	.m. on the earlier	of: (b) The 90th	day after the
rd is filed.						
e record specifies a delayed effected is filed. JANUARY, 24 Dated		2020				
rd is filed.		2020				

Filing Fee: \$25.00