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(Add	dress)	
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(Do	cument Number)	
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MAY 1 7 2019 S. YOUNG

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: 10,1790	Bay Luxury Name of Lim	Huto Solos. Ited Liability Company	LLC_
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	Aisha	Mage-e Nature of Person	
	Tampa Bai	Luxury Avito	sales LLC
	2435 US H	ighuay 19 Address	
	Holiday	City/State and Zip Code	
	Tampabay/oxxx	Yartosa /eC Yaho	cation)
For further information co	ncerning this matter, please ca	all:	
Aisha Name of	Magee Person	at (727) 3)-(o- Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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 Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Contex Circles

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		9
Tamp Day UXUM A (Name of the Limited Liability Compa (A Florida Limited Limite	Auto Safes, LLC ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1900033446.	were filed on <u>02/01/2019</u>	and assigned \Box
This amendment is submitted to amend the following:		60
A. If amending name, enter the new name of the limited liab Tampa Day Loxory Aut The new name must be distinguishable and contain the words "Limited Liabileters".	D Solex. LLC	reviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2435 US Highwa Holday, Fl 34691	<u>14 19 Sweet 7</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zin 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:

	uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			
			Remove
			Change
_			Add
			Remove
			☐ Change
			🖸 Add
			Remove
			☐ Change
			
			Remove
			☐ Change

Remove

☐ Change

(If an ef	ive date, if other than the date of filing:
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	03/03/19
	Signature of a member or authorized representative of a member
	15/ Marino

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Filing Fee: \$25.00