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MAR 20 2020 C. W.CNAIR

COVER LETTER

TO: Registration Se Division of Con			,,
SUBJECT:	Input LLC	·	5 . 5 . c.
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	PORTO PARA
Please return all correspo	ondence concerning this matter	to the following:	19
	Werne	r Macedo Name of Person	
	<u>D30 Ir</u>	Mest LC Firm/Company	
	8060 Via	Dellasio Way, S.	<u>t</u> 30€
	Orkid	City/State and Zip Code	
	E-mail address:	Cd 331nvast - Compose used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
Nelsa Van	ault Person	at (<u>407</u>) <u>728-3</u> Area Code Daytim	2735 e Telephone Number
Enclosed is a check for the	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 (Section	Street Address: Registration Sec	ction .

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ID Import LLC		02
(Name of the Limited Liability Company (A Florida Limited Lia	r as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L19 000060157</u> .	rere filed on 3/01/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
D32 Depot LLC		
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:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office a	erformance of my duties, and I ovided for in Chapter 605, F.S.	am familiar with and Or, if this document is

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
			□ Add
			□Remove
			☐ Change
			□ Add
	. •		□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			□Change

	,
	<u> </u>
If an ef Note:	ive date, if other than the date of filing:
e reco rd is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	February 24th 2020.
	Signature of a member or authorized representative of a member
	T - 0
	Tvan Frank Correa Typed or printed name of signee

Filing Fee: \$25.00