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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Faccos Au Name of Lim	to "LLC" nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	W.	Name of Person	
		eman Auto LLC Firm/Company	
		Windsomy Oak Dr	
		FL 34748 City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	ncerning this matter, please co	all:	
Villa Forman Name of	Person	at (35) 611.8 Area Code Daytime	7 3 8 Telephone Number
Enclosed is a check for the	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 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fagura Auto"L	10h			
(:Name of the Limited Liability Com	npany as it now appears on ed Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Compa	ny were filed on Apri	1 02, 2019 a	nd assig	gned
Florida document number <u>Ligooogall</u> ?	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the design	nation "LLC" or the abbreviat	ion "L.L.	.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		\$4/3 34 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1019	
		- 2 4	33S	
		•	- i	2°244
Enter new mailing address, if applicable:		د ا		, mg
(Mailing address MAY BE A POST OFFICE BOX)			— ≜ 19	
Muling dutiess MAT BE A TOST OF THEE BOXY			29	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		r records, <u>enter the n</u>	iame o	f the new
Name of New Registered Agent:				
New Registered Office Address:	··			
	Enter Florida s	treet 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>	Address	Type of Action
MGR	Ayana Foreman	1611 SE 2318 Place Garnisoll, FL 32641	
			Remove
			Change
			Add
			□ Remove
			Change
		□ Remove	
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(If an efi Note:	ive date, if other than the date of filing:
	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	9.13, 2019
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00