L19000091181

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COVER LETTER

TO: Registration Sec	tion	· ·	
Division of Corp			
SUBJECT: FOY	reman Auto Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Wi i	Name of Person Mach LL Firm Company	in
		Nindsong Carc	
	Les	City/State and Zip Code	18
	RWIF	406 9 mail: COT to be used for future annual report notif	7 lication)
For further information co	ncerning this matter, please c	all:	
	-	at (<u>35 A</u>) <i>LoCo 1</i> — Area Code Daytimo	- 8938 e Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	2530.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
N 1.20		C	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Foreman Au	to uc"		
(Name of the Limited Liabil (A Florid	lity Company as it now appear la Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Georgida document number $_L190009415$		April 2 nd 20	2 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company ho	ere:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the d	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
		<u> </u>	7000 JA
Enter new mailing address, if applicable:			· 22
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
			75 U
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ecords, <u>enter the name</u>	or the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida street address	
		, Florida	Zip Code
	City		zīp Code
New Registered Agent's Signature, if changing Register			
I haraby accent the approintment as realistered again	t and auras to act in this.	canacity I further nari	io to comply with th

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 Title Type of Action MGR - Witte Wendym Foremen 5813 Wirekon, OCK D- DANN Leesburg, Fl. 31748 Decemore MGR Ayana foreman 3813 Windson, Oak Dr DAdd LEES burg, Fl. 34718 Themore ____ Remove _____ □Change _____ □Remove

____ Change

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m effec o <mark>te:</mark> H	e date, if other than the date of filing: \(\frac{1-9-2020}{9-2020} \) (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records.
ecord is filed	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 f.
	1 0/4
ned _	January 9th 5000.
ned _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00