

U19000 101716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

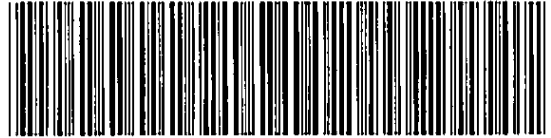
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MAY 12 2023

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05/12/23--01015--004 **190.00

FILED
2023 MAY 12 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
2023 MAY 12 AM 11:55
ALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALL AUTO TAGS & TITLES SERVICE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

REGISTERED AGENT ONLY - VICTORIA LYNNE MESSERLY

Name of Person

AAT&TS

Firm/Company

4270 SW 64TH AVENUE

Address

DAVIE, FL 33314

City/State and Zip Code

ALLAUTOTAGS@GMAIL.COM OR VLMESSERLY@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTORIA L. MESSERLY

754

2458004

at (_____) _____

Name of Person

Area Code

Daytime 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 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**

ALL AUTO TAGS & TITLES SERVICE, LLC

(Name of the Limited Liability Company as it now appears on our records) (If Secretary of State has been notified of change, please attach a copy of the filing with the Secretary of State.)
(A Florida Limited Liability Company)

FILED
2023 MAY 12 PM 12:22

The Articles of Organization for this Limited Liability Company were filed on 4.12.23 and assigned Florida document number L19000101716.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>KERIANN MEGAN HOGREFE</u>	<u>3921 SW 53RD AVENUE</u>	<input type="checkbox"/> Add
		<u>DAVIE, FL 33314</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>ADAM JASON MARGOLIES</u>	<u>6900 NOVA DRIVE APT 104</u>	<input type="checkbox"/> Add
		<u>DAVIE, FL 33317</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>P</u>	<u>VICTORIA LYNNE MESSERLY</u>	<u>4270 SW 64TH AVENUE</u>	<input type="checkbox"/> Add
		<u>DAVIE, FL 33314</u>	<input type="checkbox"/> Remove
		<u></u>	<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>ANTHONY LEON</u>	<u>4270 SW 64th Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Davie FL 33314</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

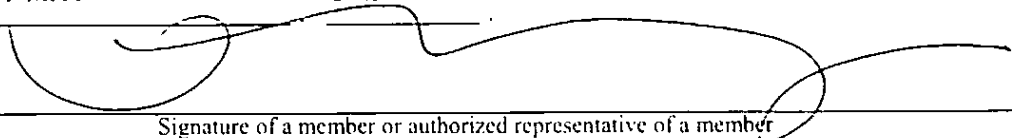
THESE CHANGES ARE BEING FILED DUE TO THE DISCOVERY OF THEFT BY THE NOW PREVIOUS
MEMBERS. A FRAUDULENT STATEMENT OF FACTS WAS FILED WITH A FORGED NOTARY
SIGNATURE.

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 12TH DAY OF MAY 2023


Signature of a member or authorized representative of a member

VICTORIA LYNNE MESSERLY

Typed or printed name of signee