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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	ASAP Auto	omotive & Marine Center, LLC			
SUBJECT.		Name of Lim	ited Liability Company	_	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Destiny Black			
			Name of Person		
		ASAP Automotive & Mari	ine Center, LLC		
			Firm/Company		
		3465 NW 71st Terrace, Ur	nit C		
			Address		
		Miami, FL 33147			3-16 N
		thelegalladydp@gmail.com	City/State and Zip Code		2019 JUL
			to be used for future annual report noti	fication)	- : -
For further in	nformation c	oncerning this matter, please ca	all:		γ. Σ
Destiny Blac	ck		786 469-0676		
	Name o	f Person	Area Code Daytim	e Telephone Number	7- 0
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASAP At	itomotive & Marine Center, LLC	
(Name of the Limi	ted Liability Company as it now a (A Florida Limited Liability Comp.	ppears on our records.) any)
The Articles of Organization for this Limited L	iability Company were filed o	n April 29, 2019 and assigned
Florida document number L19000115998	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compa	ny here:
The new name must be distinguishable and contain the	words "Limited Liability Company,"	
Enter new principal offices address, if appli	cable:	2019 -
(Principal office address MUST BE A STREE	ET ADDRESS)	FIL PARAS
		—————————————————————————————————————
Enter new mailing address, if applicable:		STAL 2
(Mailing address MAY BE A POST OFFICE		
B. If amending the registered agent and registered agent and/or the new registered of		ss on our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	Destiny Janay Black	
New Registered Office Address:	7950 NE Bayshore Ct., Apt.	1708
New Registered Office Address.	Ente	er Florida street address
	Miami	, Florida 33138
	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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Destiny Black		
		<del></del>	Remove
			☐ Change
MGR	Destiny Janay Black		
			□ Remove
			Change
			AHAA
			SOFT CONTRACTOR
	<u></u>		FLORING D
			□ Remove
			Change
			☐ Remove
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			□ Add
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an effective date ote: If the date	if other than the is listed, the date me inserted in this letive date on the	ust be specific an block does not	id cannot be pr meet the app	licable statut	ling or more the	an 90 days afte	ional) er filing.) P is date wi	ursuant ll not b	to 605.02 be listed a
	cifies a delaye ay after the re			not an effe	ctive time,	at 12:01	a.m. or	the (	earlier
ated	18/19		.,	·					
	De	Signature of a	Bla member or au	ithorized repre	sentative of a r	nember			_

Page 3 of 3

Filing Fee: \$25.00