L19000161696

(Re	equestor's Name)
(Ac	dress)
(Ac	idress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	6/21/21 Tm

Office Use Only



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05/17/21--01020--010 **25.00

21 HAY 17 PH 3: 57



May 11, 2021

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Biltmore Automotive Services, LLC - Amendment

To Whom It May Concern:

My firm represents Biltmore Automotive Services, LLC. Enclosed, please find the Division of Corporation's Form Cover Letter, Articles of Amendment to Articles of Organization, and our check in the amount of Twenty Five and No/100 Dollars (\$25.00) for filing fees. As you can see the LLC is adding and removing managers and changing the Registered Agent to our firm.

Should you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,

Ryan Cipparone

RC/jmb Enclosures

cc: Client (via Email)

COVER LETTER

Divi	sion of Corp	orations		
SUBJECT:	Biltmore Au	tomotive Services LLC		
		Name of Limit	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	dence concerning this matter to	o the following:	
		Ryan Cipparone, Esquire		
			Name of Person	
		Cipparone & Cipparone, P.,	Α.	
			Firm/Company	
		1525 International Parkway	, Suite 1071	
			Address	
		Lake Mary, Fl. 32746		
			City/State and Zip Code	
		Ryan Cipparone, Esquire		
		E-mail address: (to	be used for future annual report notifier	ition)
For further in	formation co	ncerning this matter, please cal	II:	
Ryan Cipparo	one, Esquire		321 275-5914 at ()	
	Name of I	Person	Area Code Daytime T	elephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling 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

TO:

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 **



21 MAY 17 PM 3: 57

(Name of the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company)

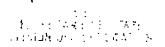
''	C Plorida Limited	mannity Company)	
The Articles of Organization for this Limited Lia Florida document number L19000161696		were filed on 6/19/2019	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	oility company bere:	
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2104 Barkwood Lane	
(Principal office address MUST BE A STREET		Arden, NC 28704	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		2014 Barkwood Lane	
		Arden, NC 28704	
B. If amending the registered agent and/or registered agent and/or the new registered offi Name of New Registered Agent: New Registered Office Address:	Cipparone & C	<u>.c</u> :	ecords, enter the name of the ne
	Enter Florida street address		
	Lake Mary		, Florida <u>32746</u>
		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 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>	Name	Address	21 MAY 17 PM :	3: 5Type of Action
MGR	Edward A. Berger	8368 Rambling River I	Drive	
		Sanford, FL 32771		 7.00
				■ Remove
				Change
MGR	Francis O'Donnell	2104 Barkwood Lane		
				
		Arden, NC 28704		Remove
				Change
				☐ Remove
				Change
				🗆 Add
				D Remove
				Change
				□ Add
				Remove
				Change
				Add
				Remove
				☐ Change

		21 MAY 17 PM 3: 57
 		
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iote: If the date inserted in this	he date of filing:	(optional) of tiling or more than 90 days after filing.) Pursuant to 605.02 tatutory filing requirements, this date will not be listed
e record specifies a delay The 90th day after the r		effective time, at 12:01 a.m. on the earlier
May 05	2021	
	Francis O Donnsll	
	Trances O Donnies	

Page 3 of 3

Filing Fee: \$25.00