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COVER LETTER

TO: Registration Division of	on Section Corporations		
Often entry	Coast Dealer Group, LLC		
SUBJECT:	Name of Lit	mited Liability Company	_
m to the state			
	es of Amendment and fee(s) are su	-	
Please return all corr	respondence concerning this matte	r to the following:	
	Daniel Thal		
		Name of Person	
	Twin Valley Capital, LLC	C	
		Firm/Company	
	2028 Beach Avenue		
		Address	
	Atlantic Beach, FL 32233	3	
		City/State and Zip Code	
	daniel@twinvalleycapital. E-mail address:	(to be used for future annual report notification)	
For further informati	on concerning this matter, please	call:	
Daniel Thal		636 236-8198	
Na	me of Person	at ()	umber
Enclosed is a check t	for the following amount:		
■ \$25.00 Filing Fe	e S30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
Division of P.O. Box	on Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303	THED 2021 APR 19 A 10: 28

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First Coast Dealer Group, LLC				
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appear ited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Comp. Florida document number L19000170308	pany were filed on 06/	28/2019 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2028 Beach Ave	enue		
Principal office address MUST BE A STREET ADDRESS	Atlantic Beach.	FL 32233		
Enter new mailing address, if applicable:	2028 Beach Ave	enue		
(Mailing address MAY BE A POST OFFICE BOX)	Atlantic Beach.	Atlantic Beach, FL 32233		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:		ecords, enter the name of the new registere		
New Registered Office Address: 2028 Beac	2028 Beach Avenue Enter Florida street address			
Atlantic Be	each	Florida 32233		
	City	Ziprisede 19		
New Registered Agent's Signature, if changing Registered Ag	ent:	~~ ≫·		

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
			
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			MdV CIVIL
			Remove
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			Change

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F ffecti	ve date, if other than the date of filing:(optional)
lf an effe	ective 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 605.0267
<u>Note:</u> docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	Ö Ö
e record	d 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
rd is fil	ed.
Dated_	April 12 . ZEZI
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00