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Amend

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## **COVER LETTER**

	Registration Se Division of Cor		••	e. gan'
:1:0 tr/		AUTO SALES ELC		w 1
SUBJEC	-l; <u> </u>	Name of Lim	nited Liability Company	
The encl	osed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		FABIAN G PENAFIEL		
		IN & OUT AUTO SALES	Name of Person S LLC	
		11008 US HWY 41 UNIT	Firm/Company B	
		GIBSONTON, FL 33534	Address	
		FABIAN_PENAFIEL@AC	City/State and Zip Code DL.COM	
		E-mail address; (	to be used for future annual report noti	fication)
or furth	er information co	oncerning this matter, please co	all:	
ΕΛΒΙΑΝ	I G PENAFIEL		718 790-8100 at ()	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed	is a check for th	e following amount:		
3 \$25.0	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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IN & OUT AUTO SALES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JULY 16, 2019 and assigned 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

## 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> FABIAN G PENAFIEL JR	Address 914 ISST NE RUSKIN FL 33570	Type of Action
MGR			
			🗆 Remove
			Change
			Remove
			☐ Change
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			☐ Remove
			☐ Change
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			☐ Change
			Add
		,	🗆 Remove
			Change

ļf an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
	. λ
	FABIAN G PENAFIEL  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00