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2019 SEP -3 AH ID: 98

Y SULKER SEP 12 2019

COVER LETTER

TO:	Registration Sec Division of Corp			
		to Sales LLC		
SOBJE	.CT:	Name of Limit	ted Liability Company	
The enc	closed Articles of .	Amendment and fee(s) are subn	nitted for filing.	
Please 1	return all correspo	ndence concerning this matter t	o the following:	
		Gregory Deering		
			Name of Person	
		Deering Auto Sales LLC		
			Firm/Company	
		5934 US Highway 19		
			Address	
		New Port Richey, 34655		
		Gaedeautosales@gmail.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report not	ification)
For fur	ther information c	oncerning this matter, please ca	ill:	
Gregor	ry Deering		727 744-2815 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclos	ed is a check for t	he following amount:		
■ \$2.	5.00 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

TO:

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Deering Auto Sales LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were Florida document number L19000182928	e 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 C	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7
Principal office address MUST BE A STREET ADDRESS)	7:9 =
	(A) "il
_	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Fiorida 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>	Address	Type of Action
AMBR	Rolf Gaede	16320 Birkdale Drive Odessa, FL 33556	
			■ Remove
			Change
			Remove
			Add
			Remove
			_ □ Change
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ffective date, if other than an effective date is listed, the date Note: If the date inserted in thiocument's effective date on the	is block does no	t meet the appl	icable statutory	or more than 90 tiling requiren	(optional) days after filing.) ents. this date w	Pursuant to 605.020 ill not be listed a
e record specifies a dela The 90th day after the	yed effective record is file	e date, but n d.	ot an effect	ve time, at	12:01 a.m. o	n the earlier c
Oated August 29		2019	·			
	ec	ceg [tative of a march	er	
	Signature of	i a member or aw	monacu remeses	CHAIL OF B INCHIO	~ I	

Page 3 of 3

Filing Fee: \$25.00