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#### **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC		AUTO TRANSPORTATION	LLC	
SUBJEC	·1:	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	ondence concerning this matter	to the following:	
		VALENTIN DE MOYA		
			Name of Person	
		DE MOYA AUTO TRAN	ISPORTATION LLC	
<del></del>			Firm/Company	
		4324 SW 121ST LN, APT	205	
		<del> </del>	Address	
		MIRAMAR, FL 33025		of Status & opy by is enclosed)
			City/State and Zip Code	
		aynoutsourcing@gmail.con	O TRANSPORTATION LLC  Name of Limited Liability Company  drient and fee(s) are submitted for filing.  e concerning this matter to the following:  ALENTIN DE MOYA  Name of Person  E MOYA AUTO TRANSPORTATION LLC  Firm/Company  324 SW 121ST LN, APT 205  Address  IIRAMAR, FL 33025  City/State and Zip Code noutsourcing@gmail.com  E-mail address: (to be used for future annual report notification)  ning this matter, please call:  at (	
For furth	er information o		·	
VALEN	TIN DE MOYA		at ()	
	Name o	f Person	Area Code Daytime Telephone Number	
Enclosed	l is a check for th	he following amount:		
□ <b>\$</b> 25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificate o (additional copy is enclosed) Certified Co	f Status &
	Mailing Addres Registration 5			
	Division of C			
	P.O. Box 632			
	Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DE MOYA AUTO TRANSPORTATION, I	LLC	
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	1
The Articles of Organization for this Limited Liability (Florida document number L19000196933	Company were filed on 02/07/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
DE MOYA AUTO SALE, LLC		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	N 11
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		37 10
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	· -	ne name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	داد.
<del></del>	, Flor	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

Title	Name	<u>Address</u>	Type of Action
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			□Remove
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Tective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to ote: If the date inserted in this block does not meet the applicable occument's effective date on the Department of State's records.	(optional)  o date of filing or more than 90 days after filing.) Pursus ble statutory filing requirements, this date will no	ant to 605.0; ot be listed
e record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the	e earlier
rted FEBRUARY 12 2020	<u>.</u> .	
11/201		
Signature of a member or authori	(Sys) ized representative of a member	<del>,</del>

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Filing Fee: \$25.00