## 119000 198 153

(Rec	questor's Name)	
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2019 DEC -6 AM IO: 30
SECRETARY OF STATE

Amend

JAN 1 1 2020 I ALBRITTON

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Vehicle Mi	u Himedia LLC	) 
V	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Christo	Ther EC BIVIN'S	
	RT Vehicle	e Muttimeolia L	LC
	26 South	E Street A	pt 4
	Lake Wort	Address  H FL 33460  City/State and Zip Code	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notit	ication)
For further information co	oncerning this matter, please ea	all:	
Christoph	or EC RIVIA	5	-7383
Name of	Person	$\frac{S}{Area Code}$ at $\frac{888}{Area Code}$ Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## , ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RT Vehicle M	uH, nea	Ala LLC  ny as it now appears on o	our records.)	
The Articles of Organization for this Limited Li Florida document number	A Florida Limited L	liability Company)	, /	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the war.  Enter new principal offices address, if applications are applied to the contain the war.		ity Company," the designa	ntion "LLC" or the	abbreviation "L.L.C."
(Principal office address MUST BE A STREE	T ADDRESS)			22
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I	<u>8<i>0X)</i></u>	,		TILED
B. If amending the registered agent and/or reagent and/or the new registered office address	<u>s here</u> : /			me of the new registered
Name of New Registered Agent:	Nancy	1 MB Edw outh E St.	avds	
New Registered Office Address:	26 30	outh ESt.	#4	
	Lake u	Enter Florida st	reet address Florida _	33460 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 Address Type of Action Title Christopher EC BIVINS 26 South ESt. #4 MAN □Remove ☐ Change AR Nancy Edwards 26 South E St #4 LW, Fl 33460 Kemove \_\_\_\_\_ □ Change \_\_\_\_\_ 🗀 Add \_\_\_\_\_\_ 🔲 Remove \_\_\_\_\_ □ Change \_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_ □Add \_\_\_\_\_ 🗆 Remove \_\_\_\_\_ □Change \_\_\_\_\_ 🗀 Add

\_\_\_\_\_ □Remove

\_\_\_\_\_ □Change

A	ernove : Registered agent: Christoper Bivins  old: Naney Edwards
R	Move Registered Agent. Christoper BivINS
A	del: Naney Edwards
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(If an effec Note: If	e date, if other than the date of filing:
he record : ord is tiled	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 d.
Dated _	12/4 2019
	Signature of a member or authorized representative of a member
	Christopher FC Brins Typed or printed name of signee

Filing Fee: \$25.00