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## **COVER LETTER**

	Coastal A	uto Connection ELC		
SUBJECT:		Name of Lin	nted Liability Company	<u> </u>
The enclosed	Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return	all corresp	ondence concerning this matter	to the following:	
		Michael A. Zaharios III		
			Name of Person	
		Coastal Auto Connection	LLC	
		<u> </u>	Firm/Company	
		14 Boxwood Court		
			Address	
		Ormond Beach, FL 32174		
			City/State and Zip Code	
		coastalautoconnection@gm		
		E-mail address: (	to be used for future annual report notif	ication)
For further in	formation o	concerning this matter, please c	all:	
Michael Zah	arios		386 341-9868	
	Name c	nf Person	at () Area Code Daytime	: Telephone Number
Enclosed is a	check for t	he following amount:		
■ \$25.00 Fi	iling 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 enclose)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

Coastal Auto Connection LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

(A Floric	da Limited L	iability Company)	<del> </del>					
The Articles of Organization for this Limited Liability Company were filed on $\frac{8/12/2019}{\text{Elorida document number}}$					and assigned			
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the lin	nited liabi	lity company here:						
The new name must be distinguishable and contain the words "Lir	mited Liabili	ity Company," the designatio	n "LLC" or the abbr	exiation	"I,.I.,C."			
Enter new principal offices address, if applicable:		14 Boxwood Court						
(Principal office address MUST BE A STREET ADD	RESS)	Ormond Beach, FL 321	74	건A	19			
	<u>-</u>			7.25.	3			
				••;		-44		
Enter new mailing address, if applicable:		14 Boxwood Court			1177	· ;-;		
(Mailing address MAY BE A POST OFFICE BOX)		Ormond Beach, FL 321	74					
				<u> </u>				
B. If amending the registered agent and/or regi registered agent and/or the new registered office ado			ecords, <u>enter th</u>	is nam	<u>e of t</u> i	<u>he new</u>		
Name of New Registered Agent: Mich	Michael A, Zaharios III							
New Registered Office Address: 14 Bo	oxwood Co							
		Enter Florida street	address					
Ormo	ond Beach	· · · ·	Florida <u></u>	4				
		Cuv		Zip Coc	le <sup>,</sup>			

## 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. Thereby confirm that the limited liability company has been notified in writing of this change.

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>	<u>Address</u>	Type of Action
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