L19000 344412

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
• • • •
(Document Number)
(2004),
Cartified Casion Cartificator of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300409218653

05/28/23--01007--003 *+25.00

7/20/23 VIN 223MAY26 PH

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

SUBJECT: Automate My G. q. com LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for fiting. Please return all correspondence concerning this matter to the following: 1	Division of Cor	porations		
The enclosed Articles of Amendment and fee(s) are submitted for filting. Please return all correspondence concerning this matter to the following: Stradge	SUBJECT: A	utomaterny Gig.	com LLC	
Please return all correspondence concerning this matter to the following:		Name of Lin	nited Liability Company	
Please return all correspondence concerning this matter to the following:				
Please return all correspondence concerning this matter to the following: Strady Name of Person	The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	· · · · · · · · · · · · · · · · · · ·
Firm/Conpany 1120	Please return all correspo	ndence concerning this matter	to the following:	
Firm/Conpany 1120				
Firm/Conpany 1120		- Jushin	Strader	
Tomp a FL 33626 City/State and Zip Code				
Tomp a FL 33626 City/State and Zip Code		,	·	
Temp a FL 33626 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Street Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations			Firm/Company	
Temp a FL 33626 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Street Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations			m ty jate.	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Second Filing Fee		11206 Win	Nosor Place Circle	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Second Filing Fee			Address	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Second Filing Fee			C 2714	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Second Filing Fee		Tom	Scinusian Tin Code	
For further information concerning this matter, please call: Name of Person			Chy/State and Zip Code	
For further information concerning this matter, please call: Name of Person		F-mail address:	to be used for future annual report not	ification)
Name of Person Area Code Daytime Telephone Number Area Code Daytime Telephone Number Area Code Daytime Telephone Number Daytime Telephone Number S25.00 Filing Fee & Daytime Telephone Number Certificate of Status & Certificate	•			
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\square\$ \$\qquare\$ \$\square\$ \$\square\$ \$\square\$ \$\qquare\$ \$\square\$ \$\qquare\$ \$\qquare\$ \$\square\$ \$\qquare\$ \$\qqquare\$ \$\qqqq \$\qqqqq \$\qqqqq \$\qqqqq \$\qqqqq \$\qqqq \$\qq	For further information co	oncerning this matter, please c	eall:	
Enclosed is a check for the following amount: S25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status & Certificate o		1866	25.	
Enclosed is a check for the following amount: S25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status & Certificate o	Name of	Person	at () Area Code Davtin	ne Telephone Number
S25.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certificate of Status & Certificate	1,411,6	. 1 01502	C. 3	
S25.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certificate of Status & Certificate				
Certificate of Status & Certif	Enclosed is a check for th	e following amount:		
Registration Section Division of Corporations Registration Section Division of Corporations	\$25.00 Filing Fee		Cenined Copy	Certificate of Status & Certified Copy
Division of Corporations Division of Corporations				
D				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as (A Florida Limited Liability The Articles of Organization for this Limited Liability	
The Amint	it now appears on our records
Articles of Organization for this Limited to	y company)
The Articles of Organization for this Limited Liability Company were Florida document number 19000774412 This amendment is submitted to	61.1
11000274412	med on)) /14/19
This amendment is submitted.	and assign
and the control of th	
A. If amending name, enter the	
enter the new name of the limited liability	
A. If amending name, enter the new name of the limited liability con	mpany here:
must be distinguishable and contain the	_
Enter new principal composition of the composition	any "the designation
The new name must be distinguishable and contain the words "Limited Liability Compared the new principal offices address, if applicable:	the designation "LLC" or the abbreviation "LLC"
(Principal office address MUST BE A STREET ADDRESS)	
ASTREET ADDRESS)	10.
	<u> </u>
F	N
Enter new mailing address, if applicable:	U
Mailing address MAY DD	
(Mailing address MAY BE A POST OFFICE BOX)	manus.
3 to	
3. If amending the registered agos and the	
gent and/or the new registered office address on	A
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the
N	of the new registe
Name of New Registered Agent:	
——————————————————————————————————————	
New Registered Office Address:	
Enter	Florida street address
	
W Registered Agent's Signature if the City	Florida
ereby goodstal	Zip Code
evisions of all statutes relative to the proper and complete performance of the obligations of my position as registered agent as provided for in the file of the merely reflect a charge in the complete performance of the file of the f	
ept the obligations of control of the proper and complete to act in the	is capacity. I further a
onguions of my position as region as the complete performance	of my duties 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

MGR =	Manager Authorized Member	manage, enter the title, name, and address o	
<u>Title</u>	Name	Address	Type of Action
AMBR	HFRE Moldings LLC	2006 washington Creek Di	
		Dayton, OH 45458	🗹 Remove
			□Change
	-		□Add
			□Remove
			Change
			——— □Add
		□Remove	
			□ Change
		Change	
			-
			□Remove

Change

_ 	
	
	
	
n effective date is li ote: If the date in	other than the date of filing:
ecord specifies a	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af
	The State of the s

Filing Fee: \$25.00