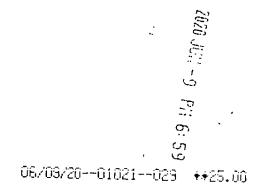
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:

TO: Registration Section Division of Corporat	ions		
SURFECT: Unit	Y AUTO S	Scales, LLC'	
30133.CT	Name of Lim	ited Liability Company	
The enclosed Articles of Amen	dment and fee(s) are sub	mitted for filing.	
Please return all correspondence	e concerning this matter	to the following:	
<del>-</del>	Natare	Name of Person	
		Name of Person	
	unity F	Firm/Company	
_	1000 <u>Lib</u>	by AUC Address	
		Address	
_	Daytona T	Beach F1 32117 City/State and Zip Code	
	Cafacos E-mail address: (	to be used for future annual report notif	ication)
For further information concern	ning this matter, please c	all:	
30 (			- 577
Name of Perso	m	at ( <u>586</u> ) <u>589</u> Area Code Daytime	Telephone Number
Enclosed is a check for the following	owing amount:		
≥\$25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Section		Registration Sec	
Division of Corpo P.O. Box 6327	rations	Division of Corp The Centre of T	
Tallahassee, FL 32	2314		Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. 2020 JUN - 9 Při 6: 59

(Name of the Limited Liability C (A Florida Lii	Company as it now appear mited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>LZOCONTG (~31</u> .	pany were filed on 3	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited	I Liability Company," the d	signation "LLC" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>ss)</u>	
	<del> </del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Mulang duaress MAT BE ATOST OFFICE BOA		
B. If amending the registered agent and/or registered of	ffice address on our re	cords, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:	_	
New Registered Office Address:		
New Registered Office Address:	Enter Flor	da street address
		Florida
	City	, Florida
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of nt as provided for in C	my duties, and I am familiar with and hapter 605, F.S. Or, if this document is
Î	f Changing Registered Age	nt. 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 2020 JUII - 9 PII 6: 59	Type of Action
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		Such Daytona, FL. 32119	Teremove
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			□Remove
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'an effective <u>Vote:</u> If the	ate, if other than date is listed, the date date inserted in th effective date on the	must be specifi is block does	ic and cannot meet	the applicab	date of filing le statutory i	or more than 9 filing require	(optio 0 days after ments, this	filing.) Pursua	ant to 605.0207 ( of be listed as t
	cifies a delayed effo	ective date, bu	t not an e	ffective time	c, at 12:01 a.	.m. on the ca	rlier of: (b)	The 90th	day after the
d is filed.									
	June		,	7070	.•				
	June	_				ative of a men			

Filing Fee: \$25.00