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COVER LETTER

Registration Section Division of Corporations

TO:

	N TRACTOR LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DONALD E COOVERT		
		Name of Person	
	VENTURE MANAGEME	ENT INTERNATIONAL	
		Firm/Company	
	12421 SW SHERI AVENU		
	•	Address	
	LAKE SUZY, FL 34269		Section Section Corporations
		City/State and Zip Code	·
	DECOOVERT@AOL.COM		
	E-mail address: (to be used for future annual report not	ification)
For further information e	oncerning this matter, please c	all:	
DONALD E COOVERT		317 691-6990	
Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

'ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICAN TRACTOR LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L2000032040}{L2000032040}$.	pany were filed on JANUARY 27, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
ALL AMERICAN TRACTOR LLC		
The new name must be distinguishable and contain the words "Limited l	Liability Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>s</u>	7028 FE
Enter new mailing address, if applicable:		B L E
(Mailing address MAY BE A POST OFFICE BOX)	<u>.</u>	<u> </u>
		<u>u</u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the name</u>	of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emet 1 wind Meet budiess	
	, Florida	7.0.1.
	City	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			Change
			□Add
			□ Remove
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ffective date,	if other than the	date of filing	:		(0)	ptional)	
ote: If the dat		ock does not me	eet the applical			fter filing.) Pursuant to this date will not be	
record specifie is filed.	s a delayed effective	: date, but not a	an effective tim	e, at 12:01 a.m.	on the earlier of	: (b) The 90th day :	after the
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FEBRU/		<u></u>		_			

Typed or printed name of signee