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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2020 APR 23 PM 3:19

MAY 07 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

LUCAS AUTO SPORTS, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAURICE LUCAS II

Name of Person

LUCAS AUTO SPORTS, LLC

Firm/Company

2612 S MILLER RD

Address

VALRICO, FL 33596

City/State and Zip Code

LUCASAUTOSPORTS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAURICE LUCAS II

813

833-8916

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	TONYA LUCAS	2612 S MILLER RD	<input type="checkbox"/> Add
		VALRICO, FL 33596	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAURICE LUCAS II	2612 S MILLER RD	<input checked="" type="checkbox"/> Add
		VALRICO, FL 33596	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TONYA LUCAS	2612 S MILLER RD	<input checked="" type="checkbox"/> Add
		VALRICO, FL 33596	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2020 APR 23 PM 3:19

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

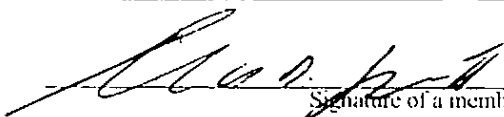
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

APRIL 14

2020

Dated _____



Signature of a member or authorized representative of a member

MAURICE LUCAS II

Typed or printed name of signee