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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

Registration Section Division of Corporations

O:

	Name of Lim	ited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
se return all correspo	ondence concerning this matter	to the following:	
	Lakeshia Currin		
		Name of Person	
	Best Buy Car Sales LLC		
		Firm/Company	
	2622 Emerson Ave S		
		Address	
	Saint Petersburg, Florida 3	3712	
		City/State and Zip Code	
	lakeshiacurrin@gmail.com	,	
	E-mail address: (to be used for future annual report notif	ication)
further information o	concerning this matter, please c	all:	
eshia Cu rri n		727 643-9380	
Name o	of Person	at () Area Code Daytime	Telephone Number
losed is a check for t	he 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 Addres		Street Address:	A*
Registration :		Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314			Street, Suite 810
		Tallahassee, FL	32303

RECFIVED

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Best Buy Car Sales, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3/09/2020 and assigned llorida document number $\frac{1.20000077334}{1.20000077334}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City iew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ecept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

f am unding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

1GR = Manager

MBR = Authorized Member

<u>ïtłe</u>	<u>Name</u>	Address	Type of Action
1GR	Carter, Ambrosia	4200 TARPON DRIVE SE	□Add
		SAINT PETERSBURG, FL 33705	■Remove
			□Change
1GR Cherman, Zivi	Cherman, Zivi	2621 EMERSON AVE S	□Add
		SAINT PETERSBURG, FL 33712	\ \exists Remove
			□ Change
			2020 Add
			Remove
			□ Add
			☐ Change
			DAdd
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			□Remove
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ctive date, if other than the da effective date is listed, the date must be Eff the date inserted in this block iment's effective date on the Depar	te of filing: specific and cannot be prior to date of filin does not meet the applicable statutory rtment of State's records.	(optional) g or more than 90 days after filing.) I y filing requirements, this date w	fursuant to 605,020 ill not be listed as
ord specifies a delayed effective da filed.	ite, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 9	90th day after the
d July 27	2020		
CI C			
11111	All nature of a member or authorized represen	itative of a member	

Filing Fee: \$25.00