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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor			
CHD IE		ar Service by DBB, LLC		
SOBJEC		Name of Lin	nited Liability Company	
Division of Corporations				
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Elizabeth A. Davis		
			Name of Person	
		Superior Car Service by D	BB, LLC	
			Firm/Company	iability Company If for filing. following: Name of Person LC Firm/Company Address //State and Zip Code com sed for future annual report notification) at (772
		929 Sequoia St.		
			Address	
		Sebastian, FL 32976		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please c	all:	
Elizabeth	h A. Davis			
	Name o	f Person		ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres			ant au
	Registration S Division of C		-	
	P.O. Box 632	-		-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Superior Car Service by DBB, LL		· · · · · · · · · · · · · · · · · · ·
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	<u>ears on our records.)</u> y)
The Articles of Organization for this Limited I	Liability Company were filed on	March 12, 2020 and assigned
Florida document number L20000080146		
his amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	here:
		202
he new name must be distinguishable and contain the	words "Limited Liability Company," th	
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE		0 :
		The same
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE	BOX)	
		
	_	r records, enter the name of the new register
gent and/or the new registered office addre	ess here:	
Name of New Registered Agent:	Elizabeth A. Davis	
New Registered Office Address:	929 Sequoia St	
136 W Registered Office Address.	Enter l	Florida street address
	Sebastian	Florida 32976
	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
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fective date, if other than the in effective date is listed, the date inuote: If the date inserted in this blocument's effective date on the D	e date of filing: st be specific and cannot be prior to date of filing of lock does not meet the applicable statutory fepartment of State's records.	(optional) or more than 90 days after filing.) Purs filing requirements, this date will a	uant to 605.020 not be listed as
ecord specifies a delayed effectivis filed.	ve date, but not an effective time, at 12:01 a.	m. on the earlier of: (b) The 90t	h day after the
March 26	2020		
Elizak	Signature of a member or authorized representa	tive of a member	

Filing Fee: \$25.00