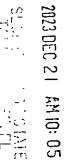
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(1	Requestor's Name)
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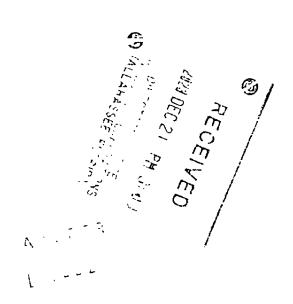
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CORPORATE ACCESS, _____

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236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

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	PICK UP	: <u>BROOK 12/21</u>
XX	CERTIFIED COPY PHOTOCOPY	
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	LIVLON AUTO GALLERY,	
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TO: Registration Se Division of Cor					
ALIB ID OT	NUTO GALLERY, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Jeffrey S. Eannarino, Esq.				
		Name of Person			
	EANNARINO LAW, P.A				
	Firm/Company				
7000 SE Federal Highway, Suite 305					
		Address			
	Stuart, FL 34997				
		City/State and Zip Code			
	E-mail address:	to be used for future unnual report noti	fication)		
For further information co	oncerning this matter, please c				
Jeffrey Eannarino		561 935-9024			
Name of	f Person	561 935-9024 at ()	e Telephone Number		
Enclosed is a check for th	ne following amount:				
₹ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		Street Address:			
Registration S		Registration Sec	etion		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

- DocuSign Envelope ID: 5830DD46-38E9-465E-9D76-D5AE0F39F8E8 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

LIVLON AUTO GALLERY, LLC

2023 DEC 21 AM 10: 05

	ompany as it now appears on our required Liability Company)	ords.)
(A Florida Lim	ited Liability Company)	II. LIGHTE
The Articles of Organization for this Limited Liability Comp	pany were filed on 04/10/2020	and assigned
Florida document number L20000100438	<u></u>	and aborgious
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 I	Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	C)	
1 THE PARTY OF ICE GARAGES IN UST BE A STREET ADDRESS	<u></u>	
		
Enter new mailing address, if applicable:		"
(Mailing address MAY BE A POST OFFICE BOX)		 .
	-	
B. If amending the registered agent and/or registered off	ice address on our records, <u>en</u> t	er the name of the new regist
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>ent</u>	er the name of the new regist
agent and/or the new registered office address here:	ice address on our records, <u>ent</u>	er the name of the new regist
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	ice address on our records, <u>ent</u>	er the name of the new regist
Name of New Registered Agent:	ice address on our records, <u>ent</u>	er the name of the new regist
agent and/or the new registered office address here:	ice address on our records, <u>ent</u> Enter Florida street add	
	Enter Florida street ada	

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

DocuSign Envelope ID: 5830DD46-38E9-465E-9D76-D5AE0F39F8E8
11 amenuing Authorized rerson(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
MGR	Brian Andrade	335 E LINTON BLVD. SUITE 1969	= Add
		DELRAY BEACH, FL 33483 US	□Remove
			□Change
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Constitue alone if which will be all			
Offective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blocument's effective date on the D	st be specific and cannot be prior to o lock does not meet the applicable	date of filing or more than 90 da	_(optional) ays after filing.) Pursuant to 605.0207 onts, this date will not be listed as t
record specifies a delayed effectiv I is filed.	e date, but not an effective time	, at 12:01 a.m. on the earlie	r of: (b) The 90th day after the
December 21	2023		
	ocuSigned by:	•	
 	-Pra		

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Filing Fee: \$25.00