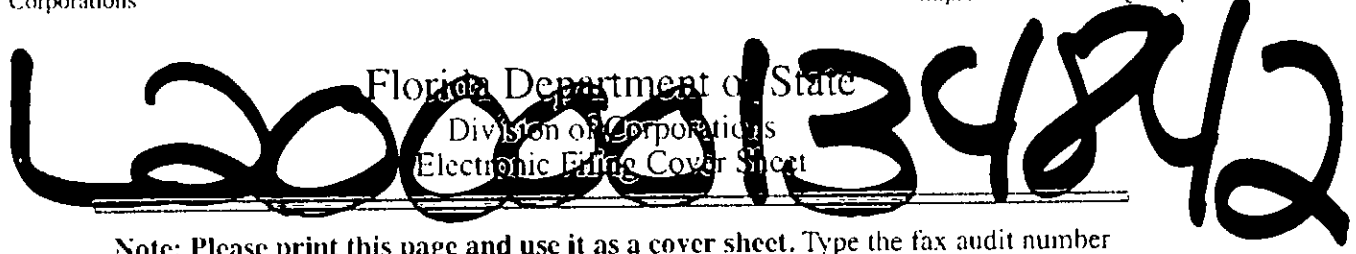


Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000085753 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BURNS LAW OFFICES, P.A.
Account Number : I20140000036
Phone : (305)733-8223
Fax Number : (866)883-7019

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EAST COAST CAR TRANSPORT LLC**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H21000085753 3)))

EAST COAST CAR TRANSPORT 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 05/18/2020 and assigned
Florida document number L20000134842.

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)

4765 SOUTH CONGRESS AVE

PALM SPRINGS, FL 33461

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4765 SOUTH CONGRESS AVE

PALM SPRINGS, FL 33461

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MARLENE ROBINSON

New Registered Office Address:

4765 SOUTH CONGRESS AVE

Enter Florida street address

PALM SPRINGS

Florida 33461

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.

DocuSigned by

Marlene Robinson

7F481700CE44661

If Changing Registered Agent, Signature of New Registered Agent

(((H21000085753 3)))

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If amending authorized person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H21000085753 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DIANA I CHAVIANO	15106 NW 89 CT	<input type="checkbox"/> Add
		MIAMI LAKES, FL 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARLENE ROBINSON	4765 SOUTH CONGRESS AVE	<input checked="" type="checkbox"/> Add
		PALM SPRINGS, FL 33461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RONIE THOMPSON	4765 SOUTH CONGRESS AVE	<input checked="" type="checkbox"/> Add
		PALM SPRINGS, FL 33461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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

Dated 3/2/2021, 2021

DocuSigned by:

67428873

-67423073005E446

Signature of a member or authorized representative of a member

DIANA I. CHIAVIANO

Typed or printed name of signee

Filing Fee: \$25.00

((H21000085753 3)))