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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Div	ision of Corp	orations				
SUBJECT:	LMS Autom	otive LLC				
SUBJECT:		Name of Lim	ited Liability Company	<u></u>		
The enclosed	I Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	idence concerning this matter	to the following:			
		Leslie E Snyder				
			Name of Person			
		LMS Automotive				
			Firm/Company			
		13804 Hamlin Blvd				
			Address			
		West Palm Beach FL 3341	2			
			City/State and Zip Code			
		Les0935@gmail.com			. ~.	
		E-mail address: (to be used for future annual report notific	ition)	020	
For further i	nformation co	neerning this matter, please c	att:	سة منتز الما مسا حدد مسا	2020 JUL 27	
Leslie E Sny	yder		330 323-3904 at ()		27	[
	Name of	Person		elephone Number	AH 8:	
Enclosed is	a check for the	e following amount:		<u>u</u>	8	
☐ \$25.00 l	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing For Certificate of S Certified Copy (additional copy is	tatus &	
Ma	iling Address	<u>:</u>	Street Address:			

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

TO: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LMS Automotive LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on <u>07/08/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		Cal
3. If amending the registered agent and/or registered officingent and/or the new registered office address here:	e address on our records, enter the na	ame of the new register
Name of New Registered Agent:		O
New Period of Control	-	920,
New Registered Office Address:	Enter Florida street address	5 5 7
	, Florida _	2
	City , Piorida	Zip Onle 17
New Registered Agent's Signature, if changing Registered Agen	ıt:	G (7

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 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
AMBR	Leslie E Snyder	13804 Hamlin Blvd	
		West Palm Beach FL 33412	□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			A Company Comp
			Change Add
			□Change
			□ Adđ
			□Remove
			□Change

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