LZC000 221573

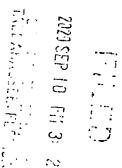
(Requestor's Name)	
(Address)	8003517
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	09/10/200100
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Special Instructions to Filing Officer:	
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COVER LETTER

,	gistration Serision of Cor			
endieze.	Zippy Auto	LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please returi	i all correspo	ndence concerning this matter	to the following:	
		Aaron Tibbetts		
			Name of Person	
			Firm Company	74 P3
		292 Foxridge Rd		2023 SEP 10 F11 3:
			Address	10
		Orange Park, FL 32065		
		ZippyAutoLLC@gmail.com		i i ra
t' - Combook	r		to be used for future annual report no	titication)
		oncerning this matter, please co		
Aaron Tibbo	etts Name o	CD	904 420-7333 at () ———————————————————————————————	ne Telephone Number
	Name o	i rerson	Area Cone Dayin	ne refeptione Number
Enclosed is	a check for th	ne following amount:		
\$25,00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy tailditional copy is enclosed)
Re Di P.C	D. Box 632	Section Torporations 7	Street Address: Registration S Division of Co The Centre of	orporations
1 (1	Hahassee, I	L 22217	Tallahassee, F	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our	records.)
— (A Florida Limite	ed Liability Company)	
The Articles of Organization for this Limited Liability Comparison document number $\frac{1.20000221573}{1.20000221573}$	ny were filed on 7/27/2020	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lic	ubility Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		3S
Enter new mailing address, if applicable:		5 5
•		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered offic	e address on our records,	enter the name of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		Florida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Aaron Tibbetts	292 Foxridge Rd	■Add
		Orange Park, FL 32065	□Remove
			□Change
			□Add
			🗀 Remove
			☐ Change
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effective date is listed, the date mus	date of filing:	ing or more than 90 days aft	er filing.)	Pursuant	to 605.02
If the date inserted in this blument's effective date on the D	ock does not meet the applicable statute epartment of State's records.	ory filing requirements, the	nis date v	vill not l	be listed
ord specifies a delayed effectiv filed.	re date, but not an effective time, at 12:0	of a.m. on the earlier of:	b) The	90th da	ry after th
September 7	2020				
11 25	06				
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