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## COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** 

TO:

RECEIVED

SUBJECT: A Rated Auto LLC Name of Limited Liability Company	2022 MAR -8 AM 8: 06 SECRETARY OF STATE TALLAHASSEE, FL
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Joe Crooks Joseph Crooks,	)
A Rated Auto LLC Firm/Company	
2312 SE Bounty Ave.	
Port St. Lucie FL 34952  City/State and Zip Code  aratedauto@gmail.com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Candise Crooks  Name of Person  at (772) 636-43  Area Code Daytime Telephone	Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

A Rated Auto	LLC	2022 MAR -8 AM 11: 09
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	i <u>v as it now appears on :</u> iability Company)	OUT PECOFOS DE LE TARY OF STATE
The Articles of Organization for this Limited Liability Company		1 30, 2020 and assigned
	I DIC. no bell elew	d 201000 and assigned
Florida document number <u>L20000227033</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	ation "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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our recor	ds, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my o rovided for in Chap	duties, and I am familiar with and ter 605, F.S. Or, if this document is

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
<u>ambr</u>	Joseph A. Crooks	2312 SE Bounty Ave	
		Port St. Lucie, FL 34956	□Remove
			\( \overline{\overline{\subset}}\) (Change
pmso	Candise M. Crooks	2312 SE Bounty Ave	🗀 Add
		Port St. Lucie, FL 3495	<b>∂</b> □Remove
			🖂 Change
MCC	Nicholas Quattry	1812 SE Camilo St.	<u>UAdd</u>
J		Port St. Lucie, FL 3495	Q □Remove
			□Change
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