

120 000 227 033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

☐

MAIL

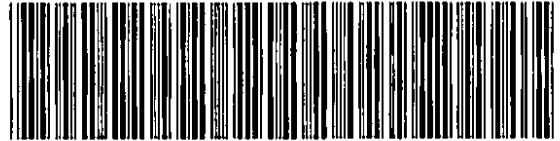
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAR -8 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

A. BUTLER
APR 14 2022

COVER LETTER

TO: Registration Section
Division of Corporations

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)
Name of Person

A Rated Auto LLC
Firm/Company

2312 SE Bounty Ave.
Address

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 at (772) 626-4217
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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

Street Address:

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

FILED

A Rated Auto LLC

SECRETARY OF STATE
TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Joseph A. Crooks	2312 SE Bounty Ave	<input type="checkbox"/> Add
		Port St. Lucie, FL 34952	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
pmbr	Candise M. Crooks	2312 SE Bounty Ave	<input type="checkbox"/> Add
		Port St. Lucie, FL 34952	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
mgr	Nicholas Quattri	1812 SE Camilo St.	<input checked="" type="checkbox"/> Add
		Port St. Lucie, FL 34952	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

FEI/EIN Number - 85-2428070

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 March 3, 2022.

Candice Crooks

Signature of a member or authorized representative of a member

Candice Crooks

Typed or printed name of signee