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COVER LETTER

	Registration Se Division of Cor				
		rade Ins, LLC		• • •	4 mag 4
SUBJEC	T:	Name of Lim	ited Liability Company	·	***
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please ret	um all correspo	indence concerning this matter	to the following:		
		Timothy Ruh			
			Name of Person		
		New Car Trade Ins. LLC			
			Firm Company		·
		1194 Old Dixie Hwy #17			
			Address		•
		Lake Park, Fl. 33403			
•			City/State and Zip Code		
		alexisaltier@outlook.com	to be used for future annual report	(notification)	
For furthe	er information c	oncerning this matter, please co	•		
Timothy	Ruh		561 401-849	05	
	Name o	f Person	Area Code Da	aytime Telephone Number	
Enclosed	is a check for th	he following amount.			
≣ \$ 25.0	00 Filing Fee	☐ \$30 00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	Mailing Addres		Street Addres		
	Registration ! Division of C		Registratior Division of	i Section Corporations	
	P.O. Boy 632	•		of Tallahassee	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Car Trade Ins. LLC	17 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -		
(Name of the Limited) (A)	Liability Company as it now appears Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab	oility Company were filed on 08/0:	5/2020	and assigned
Florida document number 1.20000236870	·		
This amendment is submitted to amend the follow	ving;		
A. If amending name, enter the new name of the	he limited liability company here	:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		···
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	0X) ·		
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	here:	ords, enter the nam	e of the new registe
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Re			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this change.	and complete performance of nered agent as provided for in Ck gistered office address, I hereby	ny duties, and I am f Capter 605, F.S. Or,	amiliar with and 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>	Name	Address	Type of Action
AMBR	Alexis Altier	1174 Old Dixie Hwy #17	≣ Add
		Lake Park, FL 33403	□Remove
			☐Change
AMBR	James Geiger	1174 Old Dixie Hwy #17	■Add
		Lake Park, FL 33403	□Remove
		<u> </u>	□Change
			☐ Change
		4750	□Remove
			☐ Change
_		·	
			□Remove
			☐ Change
			□Add
			Remove
			□Change

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Mective date, if other than to an effective date is listed, the date	he date of filing: _			(optional)	(05.03)
Note: If the date inserted in this	block does not mee	t the applicable str	of filing or more than autory filing requi	90 days after filing) Pur ements, this date will	not be listed a
locument's effective date on the	: Department of State	e's records			
record specifies a delayed effe	rtive date, but not an	effective time, at	12:01 a.m. on the c	arlier of (b). The 90	th day after th
d is filed	The state of the s			,-, · ·	
January 19	<u>:</u>	2021			
January 19 Dated	·	· · · · · · · · · · · · · · · · · · ·			
	/ /		presentative of a me		

Filing Fee: \$25.00

Typed or printed name of signee