120000256326

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

| TO: Registration So Division of Cor | | | |
|--|--|---|---|
| Charlotte F SUBJECT: | Essential Auto Repair LLC | | |
| SOBJEC1. | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Veronica Williams | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 1076 Aiton Road | | |
| | | Address | |
| | Port Charlotte, Florida 339 | 52 | |
| | darmev1212@yahoo.com | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information c | concerning this matter, please co | all: | |
| Veronica Williams | | 941 250 6931 | |
| Name o | of Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres Registration 1 | | Street Address: Registration Sec | ction |
| Division of C | | Division of Cor | |
| P.O. Box 632 | | The Centre of T | - |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Charlotte Essential Auto Repair LLC | | | |
|--|--|-----------------------------|--|
| (Name of the Limited Liability Compa (A Florida Limited I | iny as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L20000256326</u> . | were filed on August 19, 2020 | and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or | the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 28041 Airpark Drive | | |
| (Principal office address MUST_BE A STREET ADDRESS) | Punta Gorda | | |
| | Florida 33982 | | |
| Enter new mailing address, if applicable: | 28041 Airpark Drive | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Punta Gorda | | |
| | Florida 33982 | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | address on our records, enter the | e name of the new registere | |
| | , Flori | | |
| | 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, 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 | <u>Address</u> | Type of Action |
|--------------|---------------|------------------------------|----------------|
| MGR | Jamal Jones | 1370 Capricorn Blvd | |
| | | Punta Gorda, Florida 33983 | |
| | | | □Change |
| AP | Nigel Reviere | 1076 Alton Road | □Add |
| | | Port Charlotte Florida 33952 | ■Remove |
| | | | □Change |
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| | t be specific and cannot be prior to dat ock does not meet the applicable. | (optional) e of filing or more than 90 days after filing.) Pursual statutory filing requirements, this date will not | |
| the record specifies a delayed effective ord is filed. | e date, but not an effective time, a | t 12:01 a.m. on the earlier of: (b) The 90th o | lay after the |
| Dated September 16 | 2020 | | |
| 14/1/2 | Signature of a member or authorized | representative of a morehor | |
| • | orguniting of a member of aninomized | representative or a member | |

Typed or printed name of signee