## L20000263324

(Re	equestor's Name)	
(Ad	Idress)	
	ldress)	
·	iuiess)	
(Cit	ty/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	
(3.	,	,
(00	cument Number)	
Certified Copies	_ Certificates	s of Status
	Eill Orr	
Special Instructions to	Filing Officer:	
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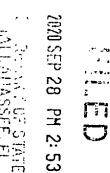
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## **COVER LETTER**

O:

O: Registration Se Division of Cor			
Auto Nation	n Way LLC		
UBJECT:	Name of Lim	ited Liability Company	<del></del>
he enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
ease return all correspo	ndence concerning this matter	to the following:	
	Candis Dallas		
		Name of Person	
	Auto Nation Way LLC		
		Firm/Company	
	403 SE 14th pl		
		Address	
	Gainesville FL 32601		Section  Corporations  Tallahassee
		City/State and Zip Code	<del></del>
	nationauto352@gmail.com	to be used for future annual report not	
or further information c	oncerning this matter, please ca		meanon)
andis Dallas		352 872-2987	
Name o	f Person		e Telephone Number
nclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing Addres		Street Address:	potion
Registration ! Division of C		Registration Sc Division of Co	
P.O. Box 632	27	The Centre of	Fallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Auto Nation Way LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our reco liability Company)	rds.)
ne Articles of Organization for this Limited Liability Company orida document number <u>L200002</u> 3324	were filed on 8/25/2020	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	lity company here:	
e new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LI	.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		· 20
Principal office address MUST BE A STREET ADDRESS)		S 00 . F
The part of the transfer of the part of th		25 2
		25.0
nter new mailing address, if applicable:		
Tailing address MAY BE A POST OFFICE BOX)		- F. 2:
THE HOLD TO THE BOXY		n ω
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, <u>ent</u>	er the name of the new register
	Enter Florida street addi	ress
	, ,	Florida
	City	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agreovisions of all statutes relative to the proper and complete except the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	performance of my duties, provided for in Chapter 60:	and I am familiar with and 5, F.S. Or, if this document is
If Chai	nging Registered Agent, Signatur	e of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager

MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
MBR	Brandon P Bell	403 SE 14th place Gainesville FL 32601	□Add
			≣Remove
			□ Change
			□Remove
		<del></del>	🗆 Add
			OREMOVE STP
			SSEE SOAR
			☐ <b>5 3</b> ☐ Remove
			☐ Change
			Remove
			Change
<del></del>			□Add
			Remove

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	9/25/2020			
ctive date, if other than the date of effective date is listed, the date must be spe	of filing: _	(option	al)	CDE 03
e: If the date inserted in this block do	es not meet the applicable statutor	y filing requirements, this d	ing.) ruisuai ate will not	be listed
iment's effective date on the Departm	ent of State's records.			
ord specifies a delayed effective date, filed.	but not an effective time, at 12:01	a.m. on the earlier of: (b)	The 90th d	ay after th
. 9/25/2020	9:00 a.m.			
ed				
ّ ح	Lie Man			
Signat	ure of a member of authorized represe	ntative of a member		

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