LR0000294895

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SECTETARY OF STATE

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COVER LETTER

DUVAL AUTOS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Oscar Candelario Name of Person **Duval Autos LLC** Finn/Company 5406 Harriet Avenue Address Jacksonville, FL 32254 City/State and Zip Code duvalautoslle@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jason Rivera 962-1757 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **\$25.00** Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address:

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

TO:

Registration Section Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

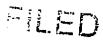
	DUVAL A	UTOS LLC 20	23 NOV -9 PM 5: 40
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appear Liability Company)	son our records.
		•	ALLADASSEC E
	Liability Company	were filed on 09/	24/2020 and assigned
Florida document number L20000294898	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	(A Florida Limited Liability Company) as ECTAET OF STATE THE LANACSEE, FL and assigned ament number L20000294898 ment is submitted to amend the following: ding name, enter the new name of the limited liability company here: emust be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." principal offices address, if applicable: effice address MUST BE A STREET ADDRESS) mailing address, if applicable: direct May BE A POST OFFICE BOX) Jacksonville, FL 32254 ding the registered agent and/or registered office address on our records, enter the name of the new registered of the new register		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applied	number L.20000294898 s submitted to amend the following: name, enter the new name of the limited liability company here: e distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." pal offices address, if applicable: didress MUST BE A STREET ADDRESS) g address, if applicable: MAY BE A POST OFFICE BOX) Jacksonville, FL 32254 the registered agent and/or registered office address on our records, enter the name of the new registered new registered office address here:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		5406 Harriet Ave	enue
	BOX)	Jacksonville, FL	32254
	<u> </u>		
B. If amending the registered agent and/or the new registered office address	registered office a	iddress on our re	cords, <u>enter the name of the new registered</u>
agent and/or the new registered office addre	ss nere:		
Name of New Registered Agent:	(SAME) Oscar	Candelario	
New Registered Office Address:	5406 Harriet Av	'c	
	Enter Florida street address		
	Jacksonville		Florida 32254
		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 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	2023 NOV -9 PM 5:	40 Type of Action
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	Signature of a n	ember or authorized r	representative of a men	nher	
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