

1210000016599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

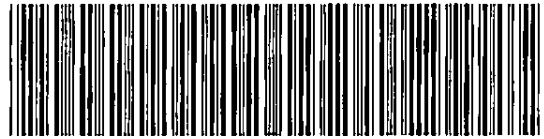
(Business Entity Name)

(Document Number)

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2024 JAN 26 PM 4:30
STATE
TALLAHASSEE, FL

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ARCHELUS AUTOMOTIVE LLC

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:

PAIGE FIEDOROWICZ

Name of Person

Firm/Company

2042 SCOTT AVE

Address

WEST PALM BEACH, FLORIDA 33409

City/State and Zip Code

PAIGEFIEDOROWICZ@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAIGE FIEDOROWICZ

at (561) 569-7962

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

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2024 JAN 26 PM 4:30
STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ARCHELUS AUTOMOTIVE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/05/2021 and assigned
Florida document number L21000016599.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

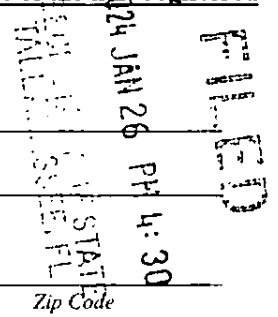
City

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FRANCKY ARCHELUS	1747 4TH AVE N APT 6	<input type="checkbox"/> Add
		LAKE WORTH, FLORIDA 33460	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FRANCKY ARCHELUS	1747 4TH AVE N APT 6	<input checked="" type="checkbox"/> Add
		LAKE WORTH, FLORIDA 33460	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PAIGE FIEDOROWICZ	1935 NW 9TH ST	<input checked="" type="checkbox"/> Add
		DELRAY BEACH, FLORIDA 33445	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICHAEL REAM	1935 NW 9TH ST	<input checked="" type="checkbox"/> Add
		DELRAY BEACH, FLORIDA 33445	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STAFF
TALLAHASSEE, FL

2024 JUN 20
SECY 1151
TALL...53

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2024 JAN 26 PM 4:30
CLERK OF DISTRICT COURT
STATE OF FLORIDA
TALLAHASSEE, FL

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.

Dated JANUARY 4TH 2024

Paige Fiedorowicz
Typed or printed name of signee

Filing Fee: \$25.00