L21000068425

(Re	equestor's Name)
(Ad	idress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bi	isiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer.

Office Use Only



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ALLAHASSEE, FLFF

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JUN 03 2021 ALBRITTON FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

	(OFFICE USE ONLY)
Corporation Name & Document Number, (if k	nown):
1. AUTO CHANCE, LtC 1. (Business Name) (Chance Auto)	2100068425 Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy	
\) Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
ProfitNot for ProfitLimited LiabilityDomesticationOther	_X AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign
Fictitious Name	Limited PartnershipReinstatement Trademark
APOSTIL () Country	Other

EXAMINER'S INITIALS:____

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

SUBJECT:	Chance F	tuto. L.C.	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Tamique	a Taffee Name of Person	
	Chance	Firm/Company	<u> </u>
	<u>442 S</u>	Pike Court	
	<u> Kissimm</u>	City/State and Zip Code	759
	lionupstan	a he used for Juture annual report notif	reation)
For further information c	oncerning this matter, please ca	dl:	
Tamique	a Taffe Person	at (407) 963 - Area Code Daytime	-2100 Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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 S	<u>s:</u> Section	Street Address: Registration Sec	tion
Division of C		Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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

ARTICLES OF AMENDMEN	Г
ТО	2 A
ARTICLES OF ORGANIZATION	ON (III) SEE
OF	The state of the s
(Name of the Limited Liability Company as it now appears o	ON nour records.)
(Name of the Limited Liability Company as it now appears o (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\overline{\Sigma}$	
Florida document number <u>L21000068425</u>	
· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	:
N_{C}	
The new name must be distinguishable and contain the words "Umited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Trincipal office data ess (FOST DE 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 reco agent and/or the new registered office address here:	ords, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	street atdress
Cip	, Florida

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

Title <u>Name</u> Address Type of Action Leon Taffe 442 Spike Court DAdd
Wissimmer FL 34759 Remove ______ Change _____ Change □Remove _____ 🗆 Add ______ ☐Remove _____ □Change

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te: If	e date, if other than the date of filing:
cord s s filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
ed	Ine 2 . 2021
	(Signature of a member or appropried representative of a member
	A Signature of a member of approprized representative of a member

Filing Fee: \$25.00