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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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MAY 27 2021 LALBRITTON

COVER LETTER

, TO:

Registration Section

Tallahassee, FL 32314

| Division of Co | rporations | | |
|---------------------------------|--|--|---|
| SUBJECT: A | LIST Premium | Autos | |
| | Name of Limit | ed Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are subm | nitted for tiling | |
| | | _ | |
| Please return all correspo | ondence concerning this matter to | o the following: | |
| | Carlton | J. Benjamin |) <u> </u> |
| | A-List Pro | eminn Autos Firm/Company | |
| | 196 Spam | ow Drive Aptl | 9 |
| | Royal Palm | n Beach FI T | 33411 |
| | ALIA premine | nautes agrail. | dication) |
| For further information of | oncerning this matter, please cal | l: | |
| Carlton Be | enjamin Terson | at (56) 386 Area Code Daytim | - 850+ ne Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| W \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address | | <u>Street Address:</u> Registration Se | ction |
| Registration S Division of C | | Division of Cor | |
| P.O. Box 632 | | The Centre of T | • |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

RECEIVED

2021 MAY 24 PM 2: 25

May 15, 2021

CARLTON J. BENJAMIN JR 196 SPARROW DRIVE APT. A ROYAL PALM BEACH, FL 33411

SUBJECT: A-LIST PREMIUM AUTOS

Ref. Number: L21000078962

We have received your document for A-LIST PREMIUM AUTOS and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The person executing the document must state beneath or opposite his or her signature his or her capacity, such as trustee, receiver, personal representative, court appointed fiduciary, etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

frene Albritton Regulatory Specialist II

Letter Number: 321A00010257

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| H-List Premium Au | .tos |
|--|--|
| (<u>Name of the Limited Liability Co</u> (A Florida Limi | ompany as it now appears on our records.) ited Liability Company) |
| The Articles of Organization for this Limited Liability Comp Florida document number <u>L2000078962</u> . | oany were filed on O2 16 2 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited | liability company here: |
| A-List Pronjum Autos L | -L C |
| The new name must be distinguishable and contain the words "Limited L | 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: | 2 7 |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: | ice address on our records, <u>enter the name of the new register</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | imer i torad giver dances. |
| | , Florida City Zip Code |
| N' Dint. and Amouth Cinnature if shonging Degistered Age | |

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 . | M. S. anna da a an |
|---------|------------|--------------------|
| ANIBK = | Authorized | prember |

| Title | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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