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(Address)
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COVER LETTER

TO: Registration Division of C			
	amily Autmotive		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
	pondence concerning this matter	-	
	Sterlinne Jerome		
	-	Name of Person	
	Jerome Family Autmotive		
		Firm/Company	
	4311 S Chamberlain Blvd		
		Address h Port FL 34286	
	North Port FL 34286		
		City/State and Zip Code	
	psterlinne@gmail.com		
		to be used for future annual report n	otification)
For further information	concerning this matter, please c	all:	
Sterlinne Jerome		941 681-4689 at ()	
Name	e of Person	Area Code Day	time Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 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)
<u>Mailing Addr</u> Registration		Street Address: Registration S	
Division of	Corporations	Division of C	orporations
P.O. Box 63	327	The Centre of	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jerome Family Autmotive		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
he Articles of Organization for this Limited Liability Co	ompany were filed on February 17, 2021	and assigned
lorida document number L21000081575	<u>_</u> .	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ted liability company here:	
erome Family Automotive LLC		
ne new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered	office address on our records, enter the na	ne of the new regista
gent and/or the new registered office address here:	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	•
		·
	, Florida	Zip Code ?
	City	Zip Coae 🗀

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	Type of Action
MGR	Sterlinne Jerome		= Add
			
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			☐ Change
	-		
			□Remove
			Change
			□Add
			□Remove
			☐ Change

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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo locument's effective date on the De	be specific and cannot be prick does not meet the appl	or to date of filing or mor icable statutory filing	e than 90 days after filing.) Pu	
record specifies a delayed effective d is filed.	date, but not an effective	time, at 12:01 a.m. or	the earlier of: (b) The 90	Oth day after the
March 3	2021	·		
<u> </u>	MOME Signature of a member or au	horized representative o	f a member	
Sterlinne Jerome				
Sterimne Jerome				

Filing Fee: \$25.00