## 121000082426

(Requestor's	Name)
(Address)	
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(City/State/Zi	p/Phone #)
PICK-UP W	/AIT MAIL
(Business Er	ntity Name)
(Document N	lumber)
Certified Copies Ce	rtificates of Status
Special Instructions to Filing Offi	cer:
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Office Use Only



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July 21, 2021

CAROLE BERTRAND 2661 U.S. HWY 27 S. SUITE 102 SEBRING, FL 33870

SUBJECT: CHEAP AUTO SALES LLC

Ref. Number: L21000082426

We have received your document for CHEAP AUTO SALES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

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.

Letter Number: 321A00016913

Summer Chatham OPS

www.sunbiz.org

## **COVER LETTER**

TO:

Registration Section

Division of Corp	porations		
СНЕАРАИ	TO SALES LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	CAROLE BERTRAND		
	Mane of Limited Liability Company  mendment and fee(s) are submitted for filing.  lence concerning this matter to the following:  CAROLE BERTRAND  Name of Person  CHEAP AUTO SALES LLC  Firm/Company  2661 US HWY 27 S ≠ C		
	CHEAPAUTO SALES LI	C	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)  rations ahassec street. Suite 810
		Firm Company	
	2661 US HWY 27 S 🛫	rito 102	
		Address	
	SEBRING FL 33870		
	CADOL EREPTRANDAGE		
			ication)
For further information co	oncerning this matter, please ca	ail:	
CAROLE BERTRAND			
Name of	Person	Area Code Daytime	Telephone Number
		·	
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address			rion
Registration S Division of Co	orporations	Division of Cor	porations
P.O. Box 6327 Tallahassee, F			e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp L21000082426	any were filed on	and assigned
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 I	liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
The second secon	1837 WEST BLVD	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEBRING FL 33870	
B. If amending the registered agent and/or registered of	Figo address on our records, enter the nan	ne of the new reg
B. If amending the registered agent and/or registered on agent and/or the new registered office address here:	The address on our records and annual and annual and annual annua	1557
		1.2
Name of New Registered Agent:		G
New Registered Office Address:	Enter Florida street address	
	Florida	
	Circ	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 manag: . <u>enter the title, name, and address of each person-being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CAROLE BERTRAND	2661 US HWY 27 S SEBRING FL 33870	🗀 Add
			<b>≡</b> Remove
			□ Change
AMBR	CAROLE BERTRAND	1837 WEST BLVD SEBRING FL 33870	■Add
			□Remove
			☐ Change
			□ Change
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Fective date, if other than the date of filing:  (optional)  (opti								-
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