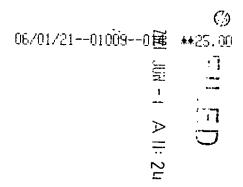
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Stat	us
Special Instructions to Filing Officer:	

Office Use Only S.C.
07/01/21



100366438891



COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT: H	be Sound Name of Lin	Auto Vault	- LLC
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
	Jeremi	ah Baran Name of Person	
<	Jeremiah B	Fim/Company	ial Real Estate LLC
	49 SW F	agle Aul. Sur Address	F 301
		Torida 3499 City/State and Zip Code	
	\smile	Commercial realest a to be used for future annual report notific	tellc.com
For further information	concerning this matter, please ca	all:	
Jeremiah Name (Bas on person		86-5744 Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee: Certificate of Status & Certified Copy (additional copy is poclosed).
<u>Mailing Addres</u> Registration S		Street Address:	
Division of C		Registration Secti Division of Corpo	
P.O. Box 632		The Centre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

Tobe Som	d Automore ited Liability Compar (A Florida Limited L	y as it now appears lability Company)	On our records.)		_
The Articles of Organization for this Limited I	Liability Company (were filed on	3-4-21	and	assigned
Florida document number <u>L210001</u>					
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liabil	ity company her	<u>e</u> :		
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the des	ignation "LLC" or the	abbreviation	"L.L.C."
Enter new principal offices address, if applie	cable:				
(Principal office address MUST BE A STREE	TADDRESS)	<u> </u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			202	<u>(1)</u>
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office add s here:	dress on our reco	ords, <u>enter the na</u>	me of the r	new registered
Name of New Registered Agent:	Jere	miah	Baron	A =	5
New Registered Office Address:	49 SW	Enter Florida	street address	S. 2 t	301
	Stu	City	, Florida _	3490 Zip Cod	14
New Registered Agent's Signature, if changing R	egistered Agent:				

Ne

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 Bygistered Agent Signature of New Registered Agent

or removed	from our records:	(3) AUTHOLIZEU TO IIIAI	nage, enter the thic, name, and address of each	n person being ad
MGR = MA $AMBR = At$	anager uthorized Member			
Title	<u>Name</u>		Address	Type of Action
AMBR	Matthew	Koblegord	49 SW Flagter And Soit 301 Struit F	<u>-·</u> □Add
		·J	•	Remove
			34994	©Change
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ffective date, if othe	r than the date of	filing:			: _ (optional)	24	
an effective date is listed. ote: If the date inserte	the date must be specified in this block does	ic and cannot be prior	r to date of filing or	more than 90 d	num nilian Ciliana	D	605.020
ocument's effective da	te on the Department	t of State's records		mg requireme	mis, this date	will not be	listed a
ecord specifies a delay	ed effective date, but	t not an effective ti	ime, at 12:01 a.m	. on the earlie	rof: (b) The	90th day	after the
is filed.						•	
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