## L21000122701

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

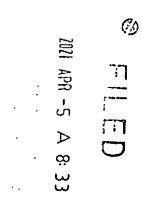
Office Use Only



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RECFIVED
APR 0 5 2021



## **COVER LETTER**

TO: Registration Sec Division of Corp			
AL AL	HOVECSE (	LLC	
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	<i>y</i>	5	
	Kamaur	i Lenhardt	<del></del>
	Λ .	Name of Felson	
	Autovers	se III	
		Firm/Company	
	17113 Min	ramar Parkway +	<del>7</del> 219
	11.000	T1 35007	
	Miramar,	FL 33007	<del></del>
	^ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	City/State and Zip Code	\ <u>^</u>
	+utoverse n	o be used for future annual report notification)	<u>:0(Y)</u>
	,	•	
For further information co	ncerning this matter, please ca	dl:	
Kamauri Name of	Lonhardt	at (780) 843-100 Area Code Daytime Telephone	23 e Number
		,	
Enclosed is a check for the	e following amount:		9.
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &		60.00 Filing Fee, 😝
	Certificate of Status		Certificate of Statier&  Certified Copy   Ti
		(additional copy is enclosed)	Certified Copy > (additional copy is eneloged)
			-5
Mailing Address	<u>:</u>	Street Address:	
Registration S	ection	Registration Section	
Division of Co		Division of Corporations	s · W
P.O. Box 6327		The Centre of Tallahasse	
Tallahassee, F	L 32314	2415 N. Monroe Street,	Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Autoverse LLC	
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on $30$ Florida document number $100012270$ .	5 202 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 Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
<del></del>	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	
B. If amending the registered agent and/or registered office address on our recor agent and/or the new registered office address here:	ds, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida s	, Florida Zip Gode
City	ZipSode
New Registered Agent's Signature, if changing Registered Agent:	æ !
I hereby accept the appointment as registered agent and agree to act in this capa provisions of all statutes relative to the proper and complete performance of my accept the obligations of my position as registered agent as provided for in Chap being filed to merely reflect a change in the registered office address, I hereby company has been notified in writing of this change.	duties, and I am familiar with and oter 605, F.S. Or, if this document is

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	Kcimauri Lenhardt	830 NW 210th Aptaus	Add
		Miami, FL 33169	□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
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I will just like to add My	iself		<del>-</del>
as a manager think un	Λ		
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		202)	- G
			- <i>G</i> - - []
fective date, if other than the date of filing:	: . (optional)	APR -	
in effective date is listed, the date must be specific and cannot be prior to date of filing or more than	(optional) 190 days after filing.)	APPO Pubsiliant to 6	
in effective date is listed, the date must be specific and cannot be prior to date of filing or more than ote: If the date inserted in this block does not meet the applicable statutory filing requi	optional)  190 days after filing.)  rements, this date v	APR PutstDant to 6	
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than one: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) 1 90 days after filing.) irements, this date v	APR Putstlant to 6	05.0207 sted as
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Filing Fee: \$25.00