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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

American Truck Depot Vehicle Sales, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Demetrius A Branca Name of Person Firm/Company 815 Voncile Ave Address Tallahassee FL 32303 City/State and Zip Code demetrius@americantruckdepot.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Demetrius Branca Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: **■ \$25.00** Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Truck Depot Vehicle Sa		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
he Articles of Organization for this Limited l	Liability Company were filed on $\frac{04/6}{2}$	201/2021 and assigned
orida document number L21000152314	·	
nis amendment is submitted to amend the fol	llowing:	
If amending name, enter the new name	of the limited liability company her	<u>re</u> :
e new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	icable:	
rincipal office address MUST BE A STRE	ET ADDRESS)	
nter new mailing address, if applicable:		
<u>failing address MAY BE A POST OFFICE</u>	 E BOX)	.3
	<del></del>	
If amending the registered agent and/or		
ent and/or the new registered office addr	<u>ess here</u> :	
		Mo. 5
Name of New Registered Agent:	Demetrius A Branca	
New Registered Office Address:	815 Voncile Ave	t.,
*	Enter Florid	da street address
	Tallahassee	, Florida 32303
	City	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 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>	Name	Address	Type of Action
MGR	Bandana Army MGT, LLC	815 Voncile Ave. Tallahassee FL 32303	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			□Change
MGR	Demetrius A Branca	815 Voncile Ave, Tallahassee FL 32303	<b>=</b> Add
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or other. If the date inserted in this block does not meet the applicable statutory fil cument's effective date on the Department of State's records.	
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differences effective date on the Department of State's records.	nore than 90 days after filing.) Pursuant to 605,0207
	a.
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m s filed.	on the earlier of: (b) The 90th day after the
ed May 17 2021	
Mag	
Signature of a member or authorized representative	
Demetrius A Branca	of a member