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(((H21000304393 3)))



H210003043933ABCZ

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.a	LLC AMND/RESTATE/CORR	
<u>.</u>	GATORS FAMILY AU	TO SALES LLC
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August 13, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

GATORS FAMILY AUTO SALES LLC 334 PLUMWOOD CIR KISSIMMEE, FL 34743US

SUBJECT: GATORS FAMILY AUTO SALES LLC

REF: L21000222560

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Valerie Herring Regulatory Specialist III FAX Aud. #: H21000304393 Letter Number: 421A00019334

COVER LETTER

	gistration Sec vision of Corp				
CUBIECT.		MILY AUTO SALES LLC			
SUBJECT:	-	Name of Limi	ited Liability Company		
The encloses	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	•	
Please return	n all correspon	dence concerning this matter	to the following:		
		JANSY M DELGADO RO	DRIGUEZ	-	
			Name of Person		
		GATORS FAMILY AUTO	SALES LLC		
			Firm/Company		
		2400 N FORSYTH RD U	NIT 106		
	•		Address		
		ORLANDO, FL 34743			•
			City/State and Zip Code		
	· .·	E-mail address: (to be used for future annual report notific	cation)	
For further i	nformation co	ncerning this matter, please ca	ali:		
JANSY M I	DELGADO RO		407 2306296 at ()		
,	Name of	Person	at ()	Telephone Number	-
Enclosed is	a check for the	ofollowing amount:			
員 \$25.00)	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GATORS FAMILY AUTO SALES LLC		<u> </u>
(Name of the Limited Liabi (A Floric	lity Company as it now appears on our re- la Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number L21000222560		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		1
		The second second
B. If amending the registered agent and/or register agent and/or the new registered office address bere-		nter the name of the new registered
	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	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
AMBR	Ana M. Rodriguez Gonzalez	334 PLUMWOOD CIR	□Add
		KISSIMMEE, FL 34743	□Remove
			E Change
AMBR	Jansy M. Delgado Rodriguez	334 PLUMWOOD CIR	∌ Add
		KISSIMMEE, FL 34743	□Remove
		· · · · · · · · · · · · · · · · · · ·	Change
	·		□Add
			□ Remove
			Change
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Filing Fee: \$25.00