L21000245274

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(200,000 2,100, 1,000,000,000,000,000,000,000,000,
(Document Number)
(Boddment (Volimber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500367655715

06/11/21--01011--028 **25.00

7/12/21



COVER LETTER

Registration Section Division of Corporations

TO:

subject: <u>ESSJe</u>	B Auto and Name of Lim	MOCR LLC ited Liability Company	
	Amendment and fee(s) are sub		
	Registratio	Section (Dividence of Person	sion of Corporations
	Florida Def	bartment of Sta	ate
	P.O. Box 63	Address	
	Tallahassee	FL 32314 City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information co	Person	at (239) (287~3	803 Telephone Number
Enclosed is a check for th	e following amount:		
₩ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESSIE B Auto C (Name of the Limite	d Liability Compan A Florida Limited Li	v as it now appears on o	ur record <u>s.</u>)	
The Articles of Organization for this Limited Lic Florida document number <u>LQ100845</u> 6		vere filed on <u>Mo</u>	126,200	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the <u>limited liabil</u>	ity company here:		
The new name must be distinguishable and contain the wo		y Company," the designa	tion "LLC" or the	abbreviation "L.L.C."
(Principal office address MUST BE A STREET	(ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>80X)</u>			
B. If amending the registered agent and/or reagent and/or the new registered office address	•	dress on our record	s, enter the na	me of the new registered
Name of New Registered Agent:	Latisho	S. Cody		292)
New Registered Office Address:	1478 D	Enter Florida str	eet address	
	Immok	alee City	Florida _	34142: 0

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>	<u>Name</u>	Address	Type of Action
MGR	Derwen Jackson	1478 Durso Ct.	DAdd
		Immokaleo, FC 34142	🗆 Remove
			□ Change
MER	Latisha Cady	1478 Diso Ct.	🗆 Add
		Immokalee, Fr 34142	i Remove
			□ Change
			🗆 Add
		<u> </u>	□Remove
			□Change
			□Add
			□Remove
			□Change
			r=1 Add
			Remove
			☐ Add ☐ Remove ☐ Change
		<u></u>	OAdd F
			Remove
			Changa

_		her information				. <u>.</u>	· ·	_
_		· · · ·		-				
-					· •		-	
-	· · · · · · · · · · · · · · · · · · ·					-		
-								_
-								
_	 .							
_								
								<u>-</u>
								
-	_							_
-				_			-	
-		<u> </u>	<u> </u>				<u>-</u>	_
-		_						_
_		<u>. </u>				_		
_								
an ett <u>ote:</u>	If the date is liste	her than the dated, the date must be tritted in this block date on the Depar	specific and cannot does not meet t	nt be prior to date he applicable s	on ming or more t	(optio han 90 days after t quirements, this	iling.) Pursuant to	605.0207 (listed as t
ecor is fil		layed effective da	te, but not an ef	ffective time, at	12:01 a.m. on the	ne earlier of: (b)	The 90th day a	ifter the
ated	Jine	9	a	031			7501	
	Sa	th 2	Cost				7,071, 11,000	j
		~~~~~~~	rature of a memb	er or authorized	representative of a	member		
		.algi		er or additionized	opionomani o vii a			117

Filing Fee: \$25.00