

6/15/2021

Division of Corporations

**L21000256929**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H21000236700 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : EXCEL TOTAL BUSINESS  
Account Number : I20200000112  
Phone : (407)832-4240  
Fax Number : (407)832-4240

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TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ACCOUNTING@EXCELTOTALBUSINESS.COM

RECEIVED

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AUTHORITY AUTO SALES LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

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6/17/21

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AUTHORITY AUTO SALES, LLC**

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:

FRANCISCO JOSE COELHO MARANHÃO

Name of Person

AUTHORITY AUTO SALES LLC

Firm/Company

7065 WESTPOINTE BLVD STE 315

Address

ORLANDO, FL 32835

City/State and Zip Code

ACCOUNTING@EXCELTOTALBUSINESS.COM

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

FRANCISCO JOSE COELHO MARANHÃO

407

706-8203

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

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**

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

N/A

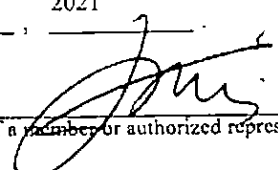
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**E. Effective date, if other than the date of filing:** 06/15/2021 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June, 15th, 2021

  
Signature of a member or authorized representative of a member

FRANCISCO JOSE COELHO MARANHÃO

Typed or printed name of signee

**Filing Fee: \$25.00**