K21000257437

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
07/09/2021
07/09/2021 TM

Office Use Only



800367663118

86/07/21--01021--010 **\$5.00

.21 JUN -7 PM 1: 30

COVER LETTER

	ation Sec n of Corp			•
SUBJECT:	•	St. August	ine Auto Sales, LLC	
			ited Liability Company	
The enclosed Ar	ticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspon	idence concerning this matter	to the following:	
			Ryan A. Johnson Name of Person	
			Name of Person	
		St	. Augustine Auto Sales, LLC Firm/Company	
			i iiii Company	
			P.O. Box 57545	
			Address	
			Jacksonville, FL 32241	
			City/State and Zip Code	
		ryan.jo E-mail address: (ohnson@usautocreditcorp.com to be used for future annual report no	otification)
For further infor	mation co	ncerning this matter, please c	all:	
	Rya	an A. Johnson	at (<u>904</u>)	421-8737
	Name of	Person	Area Code Dayt	ime Telephone Number
Enclosed is a che	eck for the	e following amount:		
≡ \$25.00 Filin	g Fec	S30.00 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:		Street Address:	Castion	
Registration Section Division of Corporations		Registration S Division of C		
P.O. Box 6327		The Centre of	Tallahassee	
Tallahassee, FL 32314		2415 N. Moni	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 21 JUN -7 PM 1: 30

(Name of the Limited Liabili	gustine Auto Sales. LLC ity Company as it now appears a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	6/2/2021	and assigned
Florida document number L21000257437	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	iited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the de-	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	 		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our re	cords, <u>enter the na</u>	me of the new registe
Name of New Registered Agent:			
New Registered Office Address:		• •	
	Enter Florid	da street address	
	City	, Florida _	Zip Code

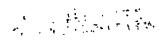
New Registered Agent's Signature, if changing Registered Agent:

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



21 JUN -7 PH 1:30

<u>Title</u>	<u>Name</u>	Address 21 JUR - 1 PR 1. 30	Type of Action
Р	Glynn R Wimberly	8120 Nations Way, STE 208	□ Add
		Jacksonville, FL 32256	Remove
			□Change
P	Royce Glynn Wimberly	8120 Nations Way, STE 208	= Add
		Jacksonville, FL 32256	□Remove
			□Change
VP	Sean Dall	8120 Nations Way, STE 208	
		Jacksonville, FL 32256	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			[] Change
_ 			□ Add
			□Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	21 JUN -7 PM 1: 30
_	
	· · · · · · · · · · · · · · · · · · ·
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
(If an effe Note:	ve date, if other than the date of filing:
If the record record is fil	I 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 ed.
Dated	June 3 2021 .
	Signature of a member or authorized representative of a member
	Ryan A. Johnson, VP
	Typed or printed name of signee

...

Filing Fee: \$25.00