# L71000338599

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# **COVER LETTER**

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TO:

TO: Registration So Division of Cor			
eun ir et.	GREEN CAI	RS LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JAMIN FERRIS		
	<u> </u>	Name of Person	<del></del>
	GREEN CARS LLC		
		Firm/Company	
	17551 ROCKEFELLER C	TIRCLE	
		Address	
	FORT MYERS, FL 33967	,	
	<del></del>	City/State and Zip Code	<del></del>
	GREENCARSFL@GMAII		•
	E-mail address: (	to be used for future annual report notit	lication)
For further information c	oncerning this matter, please c	all:	
JAMIN FERRIS		919 624-2245	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration Sec	ction
Division of C		Division of Corp	
P.O. Box 632		The Centre of T	allahassee
Tallahassee, I	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREEN CARS LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I. Florida document number <u>L21000338599</u>		were filed on <u>07/26/2023</u>	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	of the limited liab	ollity company here:	
The new name must be distinguishable and contain the	do or localised 1 local	lie. Common "the designation "LLC" or the	abbaning of 1 (*)
		17551 ROCKEFELLER CIRCLE	aboreviation (2.12.C.
Enter new principal offices address, if applice (Principal office address MUST BE A STREI		FORT MYERS, FL 33967	~ 7
Trincipal Office diameter Month 1927 (1911)	or months.		.,
Enter new mailing address, if applicable:		17551 ROCKEFELLER CIRCLE	
(Mailing address MAY BE A POST OFFICE BOX)		FORT MYERS, FL 33967	
			. 1
B. If amending the registered agent and/or agent and/or the new registered office addro		address on our records, <u>enter the na</u>	ime of the new register
Name of New Registered Agent:	JAMIN FERR	IS	
New Registered Office Address:	17551 ROCKI	FELLER CIRCLE	
		Enter Florida street address	
	FORT MYER	3	33967

#### 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.

Cav

f Clanging 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			☐Change
			□ Add
			□Remove
			Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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D. If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
	<del>.</del>
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	<del> </del>
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<del></del>	
	<u></u>
	<del></del>
E. Effective date, if other than the date (If an effective date is listed, the date must be sp. Note: If the date inserted in this block do document's effective date on the Departn	of filing:
(b) The 90th day after the record is	
Dated January 11th	<u> </u>
Signa	nure of a member or authorized representative of a member
	Oscas Esteban Typed or printed name of signee

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Filing Fee: \$25.00