L21000357196

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
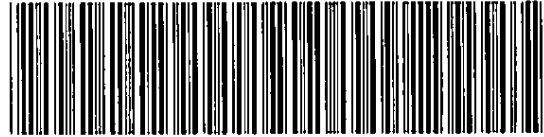(Business Entity Name)

_____
(Document Number)

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CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: _____12/14/2023_____

Acc#I20160000072

Name:	First Broward Auto Tag Agency, LLC
Document #:	
Order #:	15276516

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
Certified Copy of	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: ✓	Certified: ☐	Email Address for Annual Report Notifications:
	Plain: ✓	
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 25.00

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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First Broward Auto Tag Agency, LLC
_____
(Name of the Limited Liability Company as it now appears on our records,)   SECRETARY OF STATE
(A Florida Limited Liability Company)   TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on __August 9, 2021__ and assigned

Florida document number __L21000357196__.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS)   _____

_____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)   _____

_____

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

<u>Name of New Registered Agent</u>:   NRAI Services, Inc.

<u>New Registered Office Address</u>:   1200 South Pine Island Rd
_____
Enter Florida street address

Plantation   , Florida 33324
_____   _____
City   *Zip Code*

<u>New Registered Agent's Signature, if changing Registered Agent</u>:

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.

Laura Broderick

Laura Broderick
Assistant Secretary

_____
If Changing Registered Agent, <u>Signature of New Registered Agent</u>

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Dealer Services Network, LLC	3155 SW 10 St STE D, Deerfield Beach, FL 33442	■ Add
			☐ Remove
			☐ Change
MGR	Jason Strochak	3155 SW 10 St STE D, Deerfield Beach, FL 33442	☐ Add
			■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

_____

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (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 December 13   2023
_____   _____

_____
Signature of a member or authorized representative of a member

Lindsay Tilocco
_____
Typed or printed name of signee

Filing Fee: $25.00