# 12100036448

(Red	questor's Name)	
(Ādo	dress)	
(Add	dress)	<del></del>
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
		· <del>-</del>
Special Instructions to F	Filing Officer:	·

Office Use Only



700375980607

2021 NOV -2 PR 9: 30zuzi NOV -2 PM 1

RECEIVED

### CT CORP

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

**Date:** \_\_\_ 11/02/2021

	Acc#I20160000072
Name:	Lauderhill Auto Ventures LLC
Document #:	
Order #:	13962057
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: ✓¹ Plain: COGS:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 55.00

Thank you!

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## LAUDERHILL AUTO VENTURES LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) and assigned Florida document number \_\_\_\_\_\_L21000364648 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) · The state of Enter new mailing address, if applicable: ďΣ (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

City

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
AMBR	DONNA PARLAPIANO	1640 N STATE ROAD 7	<b>A</b> dd
		LAUDERHILL, FL 33313	Remove
			☐ Change
			Remove 2021 Change
			Add
			Remove
			Change
	<del></del>		Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

<u> </u>				
	<del></del>			
				<u> </u>
	<del></del>			
		<del></del>		2021
				0 1
			<u> </u>	1
				<u> </u>
				9 -
				30
ffective date, if other than the an effective date is listed, the date mus	date of filing:	a data of filing or more tha	(optional)	rsuant to 605 020
ote: If the date inserted in this blocument's effective date on the D	ock does not meet the applica	ble statutory filing requ	irements, this date wil	not be listed a
e record specifies a delayed The 90th day after the rec	i effective date, but not ord is filed.	an effective time,	at 12:01 a.m. on	the earlier o
ated November 1	2021			
//////		<del></del>		

D.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00