121000407594

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		10/11/21
L		<u> </u>





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October 1, 2021

JENNIFER L. COUTU 60 N LEE COURT MERRITT ISLAND, FL 32952

SUBJECT: CENTRAL FLORIDA TRUCK AND AUTO SALES LLC

Ref. Number: L21000407594

We have received your document for CENTRAL FLORIDA TRUCK AND AUTO SALES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 221A00023773

Tekayla T Matthews OPS

www.sunbiz.org

COVER LETTER

Division of Corpo	orations		
SUBJECT: <u>Centra</u>	1 Florida Truck Name of Limit	and Auto Sales L	LC_
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon-	dence concerning this matter t	o the following:	
	Jennifer C	Cartu	
		Name of Person	
		Firm/Company	~
		1 +	
	LOC N. LEC	Court Address	
	Morritt Islan	1 FL 32957	
	2	City/State and Zip Code	
	C++ruckar E-mail address: (t	A FL 32957 City/State and Zip Code Mauto Damail Coro o be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	ill:	
·	, 1	a -	~ ~ ?
<u>Jennifer</u>	L. COUTCI	at (<u>407</u>) <u>219-0</u> Area Code Daytime	883 The base Nambus
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Fiting 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)

Registration Section

TO:

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

ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Certral Florida Truck of (Name of the Limited Liability Com (A Florida Limited	nd Auto Sales	21067 1 PH 3: 13
(A Florida Limite	ed Liability Company)	- 2222 - 222 ,
The Articles of Organization for this Limited Liability Compa Florida document number <u>L2100407594</u> .	ny were filed on 9/14,	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	1949
Enter new mailing address, if applicable:		<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · ·	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	ı address
		, Florida
	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 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 Address 21 OCT 11 PM 3: 13

A750 Dillard Rand, Suite 8

Eustis FL 32726 XAdd **Title** Name Prosident Christopher F. Courty _____ 🗀 Remove _____ 🗀 Add □Remove ∐Add _____ □Remove _____ □Change _____ □Change _____ □Change _____ 🗀 Add _____ □Change

If amending any other information, enter changets) here: (thick inklinional 24 DEF of Lockett, 3: 13
Effective date, if other than the date of filing:
 Subject to the date inserted in this block does not meet the applicable stainters. Filing requirements, this date with not be listed as the discourse served date on the Department of State's records.
the record specifies a delayed effective date. But not an effective time at 12.01 a m, on the earlier of a by the souteday after the send is filed.
Dated
Steerfunc of a specific or and street representative of the per
Secretary of the Court of Cour

Filing Fee: \$25.00