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COVER LETTER

TO: Registration Division of C			
SUBJECT:	Exotic A Name of Li	mited Liability Company	<u>c</u>
The enclosed Articles of	of Amendment and fee(s) are su	abmitted for filing.	
Please return all corresp	oondence concerning this matte	er to the following:	
	<u> </u>	Name of Person	Her
	Exo+	ic Auto Sales Firm/Company	lic
	127 NU	16th St. Address	
		City/State and Zip Code Omo+iveo+bocc to be used for future annual report not	
	exoticaut E-mail address:	omotive of by Co	a@gmail.com
For further information of	concerning this matter, please c		
Jessica Sci Name o	nind lect	at (56) 675 Area Code Daytin	2-7643 ne Telephone Number
Enclosed is a check for t	he 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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) jability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L21809484899</u>	were filed on 11-9-22 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
N-A	· —
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N-A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	N-A
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	
Name of New Registered Agent:	Ssica Schindler
New Registered Office Address:	ame
Pompa	Enter Florida street address NO BCM Florida 330 G TI City 20 Code 1
cw Registered Agent's Signature, if changing Registered Agent:	2: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3:
hereby accept the appointment as registered agent and agree rovisions of all statutes relative to the proper and complete peccept the obligations of my position as registered agent as procing filed to merely reflect a change in the registered office adompany has been notified in writing of this change.	to act in this capacity. I further agree to comply with the reformance of my duties, and I am familiar with and cyided for in Chapter 605. F.S. Or, if this document is

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>	Name	Address	Type of Action
MGR	Jessica Schindler	LaVida Terrace	OAdd
		Boca Raton, FL 3343	Remove
			□Change
			□Remove
			[] Change
			□Add
			Remove
			□ Change
			□Add
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			□ Add
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Hote:	we date, if other than the date of filing:
e record rd is file	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 d.
Dated_	December 14 dest
	Signature of a member or authorized representative of a member
	Jessica Schindler Typed or printed name of signee