K22000077645

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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Cf 4/9/2022

COVER LETTER

| C&E Cars SUBJECT: | LLC | | | |
|-------------------------------|--|---|--|--|
| 30bJEC1 | Name of Lin | nited 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: | | |
| | Curtis L. Edwards | | | |
| | | Name of Person | | |
| | C&E Cars LLC | | | |
| | | Firm/Company | | |
| | 916 Creek Road | | | |
| | Address Tallahassee Florida U.S. 32305 | | | |
| | | | | |
| | | City/State and Zip Code | | |
| | Admin@cnecars.com | | | |
| For further information c | E-mail address: (oncerning this matter, please c | to be used for future annual report notificall: | cation) | |
| Curtis Edwards | | 850 631-9355 at () | | |
| Name o | f Person | at () Area Code Daytime | Telephone Number | |
| Enclosed is a check for the | 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 Fec. Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Mailing Addres Registration S | | <u>Street Address:</u> Registration Sect | ion | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations

TO:

Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

C&E Cars LLC

2022 MAR 24 AM 8: 47

| (<u>Name of the Limi</u> | ted Liability Compa (A Florida Limited) | iny as it now appears on e Liability Company) | our reco rds.)];;[[]] TALL _A | VESTATE HASSEF FI |
|---|--|--|--|---------------------------------------|
| The Articles of Organization for this Limited L | | | | |
| Florida document number L22000077645 | | | | _ |
| This amendment is submitted to amend the foll | owing: | | | |
| A. If amending name, enter the new name o | f the limited liab | ility company here: | | |
| N/A | | | | |
| The new name must be distinguishable and contain the v | words "Limited Liabi | lity Company," the designa | ation "LLC" or the al | obreviation "L.L.C." |
| Enter new principal offices address, if applic | cable: | 2241 North Monroe S | Street | |
| Principal office address MUST BE A STREE | | #1249 | | |
| Transipal office dataless most be A STREET ADDRESS | | Tallahassee, Florida | U.S 32303 | |
| Enter new mailing address, if applicable: | | 2241 North Monroe S | Street | |
| • | POV) | #1249 | | |
| Mailing address MAY BE A POST OFFICE | <u>BUA)</u> | Tallahassee, Florida | U.S. 32303 | |
| B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent: | - | address on our record | ds, <u>enter the nan</u> | e of the new registered |
| Name Provintered Office Address | N/A | | | |
| New Registered Office Address: | · | Enter Florida st | reet address | |
| | N/A | | , Florida | |
| | | City | | Zip Code |
| New Registered Agent's Signature, if changing | Registered Agent: | | | |
| I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regioning filed to merely reflect a change in the company has been notified in writing of this | er and complete istered agent as p registered office | performance of my oprovided for in Chap | luties, and I am ter 605, F.S. Or, | familiar with and if this document is |

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 |
|--------------|----------------|----------------------|----------------|
| MGR | CURTIS EDWARDS | 916 CREEK ROAD | Add |
| | | TALLAHASSEE FL 32305 | □Remove |
| | | | Change |
| | | | __Add |
| | | | □Remove |
| | | | □ Change |
| | | | □Add |
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| | | | □ Change |

| PHONE NUMBER: 1-(800)-8: | 350-3112 ; 1-(850)-777-3099 |
|---|---|
| OWNERSHIP PERCENTAGE | E OF COMPANY: |
| 90% CURTIS L. E | EDWARDS: |
| 10% CURTIS D. E | EDWARDS: |
| | |
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| <u> </u> | |
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| | be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 ack does not meet the applicable statutory filing requirements, this date will not be listed. |
| ecord specifies a delayed effective is filed. | date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after |
| March 1, 2022 | 12:01 a.m. |
| | us to 18 Cha |

Filing Fee: \$25.00