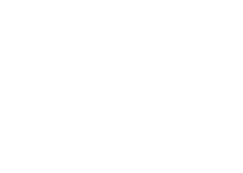
## 122000086935

(Requestor's N	ame)
(Address)	
(Address)	
(City/State/Zip/	Phone #)
PICK-UP WA	T MAIL
(Business Enti	y Name)
(Document Nu	mber)
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A. RIVERS
JAN 1 2 2023

## **COVER LETTER**

**Registration Section** 

TO:

Division of Cor	porations		
SUBJECT: TM	E Auto S Name of Lim	ales LLC ited Liability Company	
	Amendment and fee(s) are sub- ndence concerning this matter		
	Roger	Marsh Name of Person	
	Tm&E f	Auto Sales Firm/Company	LLC
	7811 SW	Ellipse	Way Unit C-3
	Stuart, F	Florida, 349 City/State and Zip/Code	97
		to be used for future annual report no	com otification)
For further information co	oncerning this matter, please ca	ıll:	
Roger	Marsh Person	at ( <u>157</u> ) <u>341</u> Area Code Dayti	4-0773 me Telephone Number
Enclosed is a check for th	e following amount:		
X \$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)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration S Division of Co The Centre of	orporations Tallahassee
Tallahassec, I	FL 32314 [	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TMEE Auto Sales LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for the	lis Limited Liability Company v	vere filed on 23 Febr	ruary	1,202	$\mathcal{L}_{ ext{ind assi}}$	gned
Florida document number <u>L22</u>	000086935			,		C
This amendment is submitted to ar						
A. If amending name, enter the	new name of the limited liabil	ity company here:				
The new name must be distinguishable at	nd contain the words "Limited Liabilit	y Company," the designation "Ll	.C" or the	abbrevia	tion "L.I	C."
Enter new principal offices addr	ess, if applicable:					
(Principal office address MUST I	E A STREET ADDRESS)		<del>.</del>			
						<del></del>
Enter new mailing address, if ap	ſ		<u>.</u>			<del></del>
(Mailing address MAY BE A POS	ST OFFICE BOX)					
B. If amending the registered ag agent and/or the new registered Name of New Registered	office address here:	idress on our records, <u>ent</u>	er the na	ame of t		
New Registered Office A				, = ::	2022 001 24	Ti
New Registered Office A	rudiess.	Enter Florida street addi	ress	13 (I.	24	Pro compare
			Florida	714	<del></del>	
New Registered Agent's Signature.	if changing Registered Agent:	City			ئة Voqe	
I hereby accept the appointment provisions of all statutes relative accept the obligations of my posteeing filed to merely reflect a chacompany has been notified in wi	as registered agent and agre to the proper and complete p ition as registered agent as po ange in the registered office o	performance of my duties, covided for in Chapter 60:	and Lar 5, F.S. C	n famil. Fr. if thi	iar with is docu	h and ment is
	If Chang	ing Registered Agent, <u>Signatur</u>	e of New	Registere	d 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	Roger IV	larsh_	7811SW Ellipse Way Unit C-3 Stuart, FL 34997	<b>X</b> Add
				□Change
<del>_</del>				□Add
				□Remove
				□Add
				□Remove
			□Change	
				□Add
				□Remove
				□Change
				□Add
				□Remove
				□Change
				□Add
				□Remove
				□Change

. If am	ending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)
	<u></u>	
(lf an e <u>Note</u>	: If the date inserted in this	he date of filing:
the reco		tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Date	20 October	. 2027
	20 October Roger M	Signature of a member or authorized representative of a member
	Roger M Roger M	arsh