

7/20/23, 11:42:00 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
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Phone : (305)444-4994
Fax Number : (305)328-4774

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Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AUTOMAX EXPRESS LLC

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

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K. SALY

JUL 20 2023

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AUTOMAX EXPRESS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/02/2022 and assigned
Florida document number L22000087296

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)

133 TOWER ST

LAKE PLACID, FL 33852

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

133 TOWER ST

LAKE PLACID, FL 33852

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:

CHANGE OF ADDRESS

New Registered Office Address:

133 TOWER ST

Enter Florida street address

LAKE PLACID

City

Florida 33852

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	DAVID LEDO	133 TOWER ST	<input type="checkbox"/> Add
		LAKE PLACID, FL 33852	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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Filing Fee: \$25.00