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T. MATTHEWS
MAY - 9 2022

COVER LETTER

Registration Section TO: **Division of Corporations** AUTOTEK MOTORS LLC SUBJECT: _____ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Person Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE DOBSON Name of Person Enclosed is a check for the following amount: **■ \$25.00** Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

AUTOTEK MOTORS LLC

22 APR 14 AM 9: 00

(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 $\frac{03/04/2022}{}$ and assigned Florida document number 1.22000112683 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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

, Florida

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	RYAN ANDERSON	224 EASTPOINT CT	= Add
		SPRING HILL, FL 34606	□Remove
			□Change
			□Remove
			□Change
			□Add
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fective date, if other than the one effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	late of filing: be specific and cannot be prior to date of the control of the specific able states applicable state of the specific able of the specific ab	(option of filing or more than 90 days after to tutory filing requirements, this continuous filing requirements.	al) ling.) Pursuant to 605.0207 late will not be listed as
ecord specifies a delayed effective is filed.	date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b)	The 90th day after the
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