

122000126362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

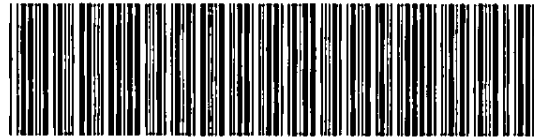
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/07/22--01010--002 **25.00

FILED

2022 APR -7 AM 6:10

SECRETARY OF STATE
TALLAHASSEE, FL

© SIMMONS
APR 21 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Please add authorized person and EIN # 88-1207941 to sunbiz

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:

CLAREL JOSEPH

Name of Person

NUMBER 1 AUTO SALES LLC

Firm/Company

12209 N NEBRASKA AVE SUITE 1

Address

TAMPA FL 33612

City/State and Zip Code

JOSEPHCLAREL79@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAREL JOSEPH

813 770-4409

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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**

NUMBER 1 AUTO SALES LLC

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

FILED
2022 APR -7 AM 6:10
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03/14/2022 and assigned
Florida document number L22000126362.

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)

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

Florida

City

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

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

MR. CLAREL JOSEPH IS ALREADY REGISTERED AGENT FOR THE BUSINESS. HE IS NOT ABLE TO
OPEN ANY BANK ACCOUNTS OR MAKE ANY MAJOR DECISIONS ON BEHALF OF THE BUSINESS
UNTIL THIS AMENDMENT TAKES EFFECT. PLEASE EXPEDITE AS SOON AS POSSIBLE.

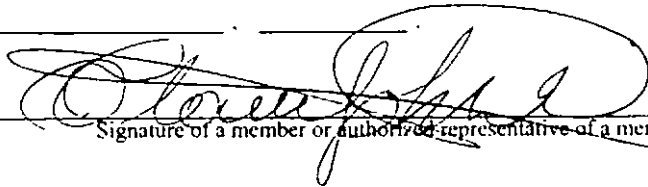
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated _____




Signature of a member or authorized representative of a member

CLAREL JOSEPH

Typed or printed name of signer

Florida TEMPORARY DRIVER LICENSE


 CSA

J210-100-79-088-0 CLASS E

JOSEPH
CLAREL
65907 SOCIETY DR APT E
TAMPA, FL 33617-6951

DOB 03/08/1979 SEX M
EXP 10/26/2022 HGT 6'-00"
EYES NONE HAIR NONE

EXP 10/28/2021
IDC # 12118200001



Operation of a motor vehicle requires compliance with any safety laws required by law.