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## **COVER LETTER**

Div	rision of Cor	porations				
eun ic <i>e</i> t.	SKGG Investments, LLC					
SUBJECT:		Name of Limited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	ı all correspo	ndence concerning this matter	to the following:			
		Scott A Grace				
			Name of Person			
		SKGG Investments, LLC				
		<u> </u>	Firm/Company			
		607 Vintage Way				
		<del> </del>	Address			
		Brandon,FL				
			City/State and Zip Code			
		scott.grace@edeusa.com				
			to be used for future annual report no	incation)		
For further ii	nformation c	oncerning this matter, please co	all:			
Scott Grace			941 650-6833			
	Name o	f Person	at () Area Code Daytir	ne Telephone Number		
Enclosed is	a check for th	ne following amount:				
■ \$25.00 F	Filing Fee	S30.00 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)		
	iling Addres gistration S		<u>Street Address:</u> Registration Sc	ection		

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

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Registration Section

TO:

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

SKGG Investments, 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  $\frac{04/29/2022}{1}$ and assigned Florida document number L22000176956 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LEASURE AUTOMOTIVE, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2015 TOWN CENTER BLVD. Enter new principal offices address, if applicable: BRANDON, FL 33511 (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.

Cinv

, 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		<del></del>	Remove
			□Change
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		<del></del>	□Remove
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		<del></del>	□ Add
			Remove
			☐Change
			□Add
		□Remove	
			□Change
			□Add
			Remove
			□ Change

). If amending any other info	mation, enter change(s) here: (Attach additional sheets, if n	ecessary.)
-		
<del></del>		
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Effective date, if other than	the date of filing: (o	ptional)
Note: If the date inserted in the	must be specific and cannot be prior to date of tiling or more than 90 days a is block does not meet the applicable statutory filing requirements, as Department of State's records.	ofter filing.) Pursuant to 605.0207 (in this date will not be listed as the
the record specifies a delayed eff cord is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of	(b) The 90th day after the
Dated May 26th	2022	1/A 2
	West a Shace	2022 MAY 27 PM
	Signature of a member or authorized representative of a member	AY 27
Scott A Grace	Typed or printed name of signee	<u> </u>
	· · · · · ·	4 5: 32 STATE FLORIDA

Filing Fee: \$25.00