## 122000 201934

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10/27/22--01017--014 \*\*90.00



## **COVER LETTER**

TO: Registration Se Division of Cor			: '
	MOTORS LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	TODDA FLOWIERS		
		Name of Person	<del></del>
	FLOWERS MOTORS LLO	C	
		Firm/Company	
	452 AVE B NE		
		Address	
	WINTER HAVEN, FL 338	881	
		City/State and Zip Code	
	YEATOLIFE@GMAIL.CO		
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
TODD A FLOWERS		336 953-5341 at ()	
Name o	f Person .		e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration (		<u>Street Address:</u> Registration Sec	rtion
Division of C		Division of Cor	
P.O. Box 632	27	The Centre of T	
Tallahassee	FT 37314	2415 N. Monto	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO

OF

FI	OWERS	MOTORS	L	LC

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L22000201934	were filed on 04/28/2022	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1885 EXECUTIVE RD			
(Principal office address MUST BE A STREET ADDRESS)	STE 2			
	WINTER HAVEN, FL 33884			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>		
, ,				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter th</u>	e name of the new registere		
New Registered Office Address:	Enter Florida street address			
	, Flori	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ree to act in this capacity. I further performance of my duties, and	er agree to comply with th I am familiar with and		
being filed to merely reflect a change in the registered office company has been notified in writing of this change.				
If Cha	nging Registered Agent, Signature of N	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>	Address	Type of Action
AMBR	KIMBERLY M FLOWERS	452 AVE B NE	□Add
		WINTER HAVEN, FL 33881	□Remove
			<b>≘</b> Change
MGR	TODD A FLOWERS	452 AVE B NE	□Add
		WINTER HAVEN, FL 33881	□Remove
	,		■ Change
			□Add
		<u> </u>	
			Change
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			□Change

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ective date, if other than the effective date is listed, the date in the late in this later. If the date inserted in this later.	block does not meet t	he applicable sta	of filing or more th tutory filing req	(optiona an 90 days after fili uirements, this da	tl) ng.) Pursuant to 605.020 nc will not be listed as
annon a criceria dano an ano		ffective time, at	2:01 a.m. on the	e earlier of: (b)	The 90th day after the
ecord specifies a delayed effect is filed.	ive date, but not an e				

Filing Fee: \$25.00