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(Re	equestor's Name)	
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations New Life Automotive 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: Autumn Wardlaw Name of Person New Life Automotive LLC Firm/Company 1711 Pine Way Address Sanford, Fl 32773 City/State and Zip Code newlifeautocare@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Autumn Wardlaw Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Life Automotive LLC			
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	ny as it new appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liab Florida document number <u>L22000250184</u>	oility Company	were filed on $\frac{05/31/2022}{}$	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liab	ility company here:	2023
The new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:	1711 Pine Way	·
(Principal office address MUST BE A STREET.		Sanford, Fl 32773	7
			,
			
Enter new mailing address, if applicable:		1711 Pine Way	Ω
(Mailing address MAY BE A POST OFFICE BOX)		Sanford, Fl 32773	· · · · · · · · · · · · · · · · · · ·
			
B. If amending the registered agent and/or reg		address on our records,	enter the name of the new registere
Name of New Registered Agent:	Autumn Wardl	aw	
New Registered Office Address:	1711 Pine Way		
THE GOLDSON CHIEF LINE CO.		Enter Florida street	address
	Sanford		, Florida 32773
		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

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>	Name	Address	Type of Action
			🗆 Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
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Change

Page 2 of 3

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