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19/01/24--01001--028 **25.00

COVER LETTER?

Division of Corp				
SUBJECT:	Rollin 1	Automotive LL(_	
Name of Limited Liability Company				
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Trevor	Oliver Name of Person		
		Name of Person		
	Rollin	Automotive U		
	5064 N	W 74th Place Address		
	Coconut	(MIC FL 33) City/State and Zip Code	073	
	E-mail address: (STA Va hoo Com to be used for future annual report notifi	cation)	
For further information con	neerning this matter, please ca	all:		
Trevor (DIVIC	at (<u>954</u>) <u>214</u> - Area Code Daytime	S344 Telephone Number	
Enclosed is a check for the				
\$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 Address:</u> Registration Se		Street Address: Registration Sect	tion	
Division of Co	rporations	Division of Corp	orations	
P.O. Box 6327		The Centre of Ta	manassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
- Florida document number		
This amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liah	oility company here:	
Get it rollin	LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	5064 NW 74th	Place
(Principal office address MUST BE A STREET ADDRESS)	COCONUT (MCK P	L 33073
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SOLOH NW 74th (OCCONUT CYCK FL	Place - 33073
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:		2024 OCT
N D 1 100 11	ت ب	1
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida ייי	<u>:</u>)
	City	; ⊒ Zij 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
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			□Add
			□Remove
			Change

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Effec	effective date, if other than the date of filing:
Note	ment's effective date on the Department of State's records.
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Filing Fee: \$25.00