18884530509

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX ZONE INC.
Account Number : I20190000044
Phone : (407)888-3131

Phone : (407)888-3131 Fax Number : (888)453-0509

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Accountanta taxzonefl. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CREDIBLE AUTO SPA'S LLC

Certificate of Status	0
Certified Copy	0
Page Condi	01
Estimated Charge	\$25.00

SECRETATION OF STATE FOR ALL AREASSE FOR ANALYSIS

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116 05 2022

From: Tax a

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COVER LETTER

	ration Section n of Corporations	•					
	EDIBLE AUTO SPAS LLC						
SUBJECT: Name of Limited Liability Company							
The enclosed Art	ticles of Amendment and fee(s) are submitted for filing.						
Please return all o	correspondence concerning this matter to the following:						
	ED KOTLER						
Name of Person							
TAX ZONE INC							
	Firm/Company						
8865 COMMUNITY CIR STE 4							
	Address						
	ORLANDO, FL 32819						
City/State and Zip Code ACCOUNTANT@TAXZONEFL.COM							
	E-mail address: (to be used for future annual report notification)						
For further inform	mation concerning this matter, please call:						
ED KOTLER	407 888-3131 at ()						
	Name of Person Area Code Daytime Telephone Number						
Enclosed is a che	ck for the following amount:						
≘ \$25.00 Filing	Certificate of Status Certified Copy Certificate of (additional copy is enclosed) Certified Co	of Status &					

Malling 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Credib	le Auto SPA'S LLC	
(Name of the Limi	ted Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>s.</u>)
	(1.1.101/02 221/1010 2310/10) Company,	
The Articles of Organization for this Limited L	iability Company were filed on 07:22/2022	and assigned
Florida document number L22000324819		•
Fortal document fibrioer	•	
This amendment is submitted to amend the following	owing:	
A YE was also makes about a soul many	A At a Marita data billion a common bassa	
A. If amending name, enter the new name of	the amited habitity company nerc:	

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 applie	cable:	
(Principal office address MUST BE A STREE	ET ADORESS)	
12 THE PROPERTY OF THE PROPERT		

Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or i	registered office address on our records, enter	the name of the new registered
agent and/or the new registered office addre	ss here:	5. ~
		022
Name of New Registered Agent:	CHARLENE ROUNDTREE	
	1201 X 42 D D C T	
New Registered Office Address:	1701 N 43RD ST Enter Florida street addres	
	Enter Piorida street adares	, 199 ¥ 1995
		orida 349497
	City	E Zip Colle
New Registered Agent's Signature, if changing	Registered Agent:	7

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.

18884530509

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	<u>Address</u>	Type of Action
AMBR	CHARLENE ROUNDTREE	1701 N 43RD ST	□ Add
		FORT PIERCE, FL 34947	□Remove
			■ Change
Ma # 1-1			□Aċd
			□Remove
			Change
		·	□Add
			□ Remove
		<u></u>	Change
			□Add
			□Remove
			DChange
			DAdd
			□Кспюче
			□Change
			CAdd
			DRemove
			□ Change

To: