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2022 NOV -4 AM 9: 09

A. BUTLER NOV - 4 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Florida Prestige auto Sales Name offinited Liability Company
- , ,
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hortense Watson
Name of Person
Firm/Company
745 Bryson LODP
Jakeland, FL 33809 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hottense Watson at (863) 2550016 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee
Mailing Address: Street Address:
Registration Section Registration Section Division of Corporations Division of Corporations
Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

Florida Prestige	auto 52022 NOV -4 AM 9: 45
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Dany as it now appears on our records.) GF STATE TEABILITY Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22 000 3323</u> 14	y were filed on 1.27.28 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial Court Sales The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	JAJO NW 16th St Lauderhill, FL 33311
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
	CIII ZIP COAP

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
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			□Remove
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	He	Signature of a member or	authorized representative of a	a member	
HORTENSE WATSON Typed or printed name of signee	~ \				

Filing Fee: \$25.00