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	(Requestor's Name)
	(Address)
	(Address)
	(Address)
-	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

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LLC Amend

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A. RAMSEY SEP 22 2022 2022 SEP 22 AM 10: 09

COVER LETTER

TO:	Registration Se Division of Cor			
end in	CT. Sydd	us Aurio Salos	·lic	
SUBJE	.c.i. <u>2 (- </u>	Name of Lin	nited Liability Company	
re-m				
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Sylvia	Name of Person	
		Lyodu	S Auto Sak	es,LLC
		16221 Be	ach Blud	
		Jackson	City/State and Zip Code	240
		Sylvia @	to be used for future annual report noti	C
For fur	ther information co	oncerning this matter, please of	call:	
			a1 ()	
	Name of	f Person	Area Code Daytim	ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$2:	5.00 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)
	Mailing Address Registration S	s: Section	Street Address: Registration Se	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 SEP 22 AM 10: 21

Exodus Auto Salos, Le	And Filling
Ex O VI NO FILITO CATOS, CO	*********
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company were filed on 9/3 Florida document number <u>C22000 402 753</u> .	5/22 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
 	
B. If amending the registered agent and/or registered office address on our records, agent and/or the new registered office address here:	enter the name of the new registere
Name of New Registered Agent: Jimmy Carkey	
Name of New Registered Agent: Jimmy Carkey New Registered Office Address: 10771 Bouch Blod Str. Enter Florida stree	A address
Jackson villa City	Florida 322/6
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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Jinny Cathey	5140 GALZ PARKWAY 7101	
	,	Jacksonville, Fl 32256	□Remove
			Change
MGR	Sy Nie Cathey		DAdd
		Jacksonville, Fl 32256	l&Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
		 	□Remove
			□Change
			□Remove
			Changa

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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reffec te: If	e date, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filec	
ted _	4/22/22
	mmy Cottle
	Signature of a member or authorized representative of a member
	line my Cathers
	Typed or printed name of signee

Filing Fee: \$25.00