L22000435658

(Red	questor's Name)	
(Add	dress)	
- (Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	me)
(Dod	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to I	Filing Officer:	

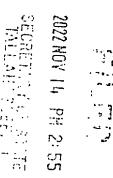
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COVER LETTER

TO: Registration Sec Division of Corp			1		
SUBJECT:AC	ito Home Car	e LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	idence concerning this matter	to the following:			
	Jason	Sundown Name of Person			
	Auto How	ne Care LLC			
	1164 Cam	DUYN UV Address			
	Kissimmee	/FL 34758 City/State and Zip Code	<u>></u>	2022 NOV 14 SECRETAR	1
	dsundown 1'	City/State and Zip Code Giva Covo to be used for future annual report notifi	ication)	er no	1
For further information co	oncerning this matter, please c	all:	• • • • • • • • • • • • • • • • • • •	$\ddot{\omega}$ $\dot{\omega}$, ,
Juson (at (407) 613-6	7392 Telephone Number	<u></u>	
rame of	T CONTI	Auta Code Dayining	retephone (validate)		
Enclosed is a check for the	e following amount:				
X1 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate of Certified Co (additional co)	of Status &	
Mailing Address		Street Address			

Mailing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Auto Home Care	LLC		
Auto Home Cave (Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000435658</u> .			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	in "LLC" or the abbrevia	AND TELLICIT
Enter new principal offices address, if applicable:			<u>a in</u>
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
		7.5	
		710	2
Enter new mailing address, if applicable:			<i></i> ਯ
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records.	enter the name of t	the new registert
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	4 address	
	rmer r tortau stree	i uaaress	
	/ Yes	Florida	p Code
	City	Zi	p 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 Percon(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>	<u>Address</u>	Type of Action
MBR	Jason A. Sundown	1164 Cambourne D.r., Kissimmer FL	4758 3 XAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		ACK ACK	□Remove 2022 ☐ ☐Change
		27 27 27 30 30 70 70	2022 Remove
			□Change
			□Add
			□Remove
			□Change
-			□Add
			□Remove
			UlChange

Typed or printed name of signee