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(Business Entity Name)
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COVER LETTER

Division of Co		•	•
SUBJECT: Budget Mo	otors LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sandy M. Bennett-Tracey		
		Name of Person	
		Firm/Company	 _
	1109 Amber Lake Ct		***
		Address	
	Cape Coral,FL 33909		
	sandybennett599@msn.con	City/State and Zip Code	
	E-mail address: (to be used for future annual report notificatio	<u>n)</u>
For further information c	oncerning this matter, please c	all:	ti.
Sandy M. Bennett-Trace		239 464-0487	رما
Name o	f Person	at () Area Code Daytime Tele	phone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Section Division of Corporate	tions
P.O. Box 632		The Centre of Tallah	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ppears on our records.) on 12/20/2022 and assigned
n 12/20/2022 and assigned
ny here:
the designation "LLC" or the abbreviation "L.L.C."
~3
• .
,
our records, <u>enter the name of the new regi</u>
r Florida street address
, Florida
Zip Code

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	<u>Address</u>	Type of Action
			□Add
			□ Remove
			☐ Change
			□Add
			□Remove
			
			□Remove
			☐Change
			🗆 🗆 🗆 Add
		7.1010	□Remove
			□Change
			□Add
	•		□Remove
			□Change
			CJAdd
			□Remove
			Changa

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