

L23000114388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

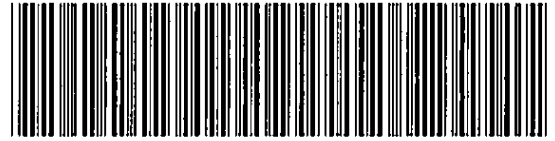
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300419128893

11/20/23--01006--022 \*\*25.00

23 NOV 27 AM 3:29



---

**\*\*\*IMPORTANT NOTICE\*\*\***

---



PLEASE SEND ALL DOCUMENTS –  
APPROVED OR REJECTED TO THE ADDRESS  
BELOW.

**INC AUTHORITY**  
**ATTN: CORPORATE MAINTENANCE LEAD**  
1450 VASSAR ST  
RENO, NV 89502  
OR  
[RETURNDOCS@INCAUTHORITY.COM](mailto:RETURNDOCS@INCAUTHORITY.COM)

Inc Authority  
Florida

TO: PHYSICAL: Dept. of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

MAILING: Dept. of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

FROM: Inc Authority, LLC  
1450 Vassar St  
Reno NV 89502  
(800) 638-2320  
(775) 329-0852

DATE: Friday, November 10, 2023

*SENT VIA USPS*

To Whom It May Concern:

Attached, please find the following document(s):

- Articles of Amendment  
For: HOLLAND'S AUTO PROS, LLC

We have included payment in the amount of \$25.00 for the following fees:

- Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

**Please return the file stamped copy of Amendment to Articles  
of Organization to the address below:**

Processing Department  
1450 Vassar St  
Reno NV 89502

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HOLLAND'S AUTO PROS, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Corporate Maintenance Lead**  
Name of Person  
**Processing Department**  
Firm/Company  
**1450 Vassar St**  
Address  
**Reno, NV 89502**  
City/State and Zip Code  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Processing Department** at ( **800** ) **638-2320**  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

HOLLAND'S AUTO PROS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2032 NOV 20 AM 3:29  
SECRETARY OF STATE  
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/06/23 and assigned Florida document number L23000114388.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

POS AI LLC

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 applicable:** 1515 Vista Del Lago Blvd.  
**(Principal office address MUST BE A STREET ADDRESS)** Dundee, FL 33838

**Enter new mailing address, if applicable:** 1515 Vista Del Lago Blvd.  
**(Mailing address MAY BE A POST OFFICE BOX)** Dundee, FL 33838

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
*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, 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>	<u>Type of Action</u>
MGR	Sheldon Holland	1515 Vista Del Lago Blvd.	<input type="checkbox"/> Add
		Dundee, FL 33838	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

