

L23000138671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

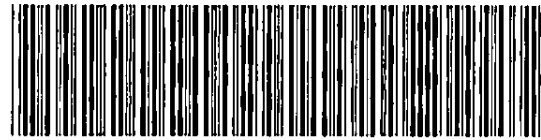
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04/18/23--01001--014 **55.00

SECRETARY
TALLAHASSEE

2023 APR 18 PM 12:11

FILED



RECEIVED

2023 APR 18 PM 12:11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITAL AUTO WAREHOUSE 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:

ROMAN LEGDAN

Name of Person

CAPITAL AUTO WAREHOUSE LLC

Firm/Company

3645 KILLAMOREY PLAZA DRIVE

Address

TALLAHASSEE, FLORIDA 32309

City/State and Zip Code

ROMAN @ CAP AUTO LLC . COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROMAN LEGDAN

Name of Person

at (850) 766 7325

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 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

Capital Auto Warehouse LLC

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

FILED
2023 APR 16 PM 12:11
SECRETARY
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 3-17-2023 and assigned
Florida document number L23000138271

This amendment is submitted to amend the following:

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

Any 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:

(Principal office address MUST BE A STREET ADDRESS)

3645 KILLARNEY PLAZA DR.
TALLAHASSEE FLORIDA
32309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3645 KILLARNEY PLAZA DR
TALLAHASSEE FLORIDA
32309

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

City, Florida Zip Code

By 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 Regis. Agent, Signature of New Registered Agent

1. Appending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MAN = Manager
AMB = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
UGZ	MURRAY D. ETTBRIDGE	2756 KINGSAIL DR	<input type="checkbox"/> Add
		TAIHANASSEE FL 32309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: _____ (optional)

date: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the instrument's effective date on the Department of State's records.

record 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 filing.

ated

4-18-23

[Signature]
Signature of a member

Signature of a member or authorized representative of a member

✓
Roman LEGAN

Typed or printed name of signee