# L23000332145

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Care Auto ((
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:
Carrol Jack SON
Care Auto LLC Firm/Company
4017 W. Osborne Ave ste 4
Tampa Florida 33614 Shy/State and Zip Code:
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carroll Tackson at (813) 500-9060  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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 OR	RGANIZATION 220 PM
(Name of the Limited Liability Company  (A Florida Limited Liab	as it now appears on our records.)  as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L13000332745</u>	07/12/1027
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty company here:
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:	
(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 addagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
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 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>	Address	Type of Action
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an effectiv lote: If t	date, if other than ve date is listed, the date the date in this is effective date on the	must be specific s block does n	c and cannot be pr not meet the app	licable statutory	g or more than 90 y filing requirem	(optional) days after filing.) Purs ents, this date will i	uant to 605.0207 not be listed as
record sp	pecifies a delayed effe	ctive date, but	not an effectiv	e time, at 12:01	a.m. on the earl	ier of: (b) The 90t	h day after the
l is filed.	1 1		Spoter	nber	9,2	023	
ated	7/12/2023				9 , Z		
		Signature o	of a member or a	1000	Ser native of a member	21	
		<u> </u>	. 1		J. H.		