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(Req	uestor's Name)	
(Add	ress)	
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A. PARISHANI NOV 0 4 2023

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: AS ISTERS Can Services Name of Limited Liability Company	2023 05T 27
The enclosed Articles of Amendment and fee(s) are submitted for filing.	127
Please return all correspondence concerning this matter to the following:	
Nancy Fancivili Name of Person	9; 28 -
2 Sisters Car Services	<u>.</u>
Firm/Company 240 Corsaro Dr. / Was 300 Address	GUF Drive
Enclose Nokomis FL 3425/ Venice, F	-C. 34285
City/State and Zip Code 2 Sisters: (to be used for future annual report notification) For further information concerning this matter, please call:	ail.com
For further information concerning this matter, please call:	
Name of Person at (303) 904-9063 Area Code Daytime Telephone Numb	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certifie	Filing Fee, cate of Status & ed Copy all copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

· · · · · · · · · · · · · · · · · · ·	, .	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	27 MH
The Articles of Organization for this Limited Liability Company Florida document number	were filed on August, 2023ar	ud Besigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviati	on "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)	240 Corsano Dr No Komis, FL. 3	1vl 42v
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the	<u>ie new registered</u>
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>	Address	Type of Action
MBR	Shawn Wallner	300 GUF Dr.	□Add
		300 GUF Dr. Venice, FL. 34285	Remove
			Change
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			□Remove ⊕23 □ □ Change
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n effective date is list ite: If the date inse	her than the date of fi led, the date must be specific erted in this block does n date on the Department	ot meet the appli	cable statutory fi	more than 90 days	ptional) after filing.) Pursi this date will r	iant to 605.03 not be listed
ecord specifies a desistant	elayed effective date, but	not an effective	time, at 12:01 a.r	n. on the earlier o	f: (b) The 90th	i day after t
ted <u>9/2 6</u>	12023 Many Signature	J. —	-			

Filing Fee: \$25.00