

8/18/23, 12:05 PM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**L230002872923ABC2**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H230002872923)))



H230002872923ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
 Doing so will generate another cover sheet.**

To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : MIACCOUNTING CO  
 Account Number : 120220000131  
 Phone : (305)610-2704  
 Fax Number : (305)647-6840

\*\*Enter the email address for this business entity to be used for future  
 annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED

2023 AUG 18 PM 12:59  
 REPORT OF STATE OF FLORIDA  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 AUTO ESLINGER L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

2023 AUG 18 AM 7:49

APPROVAL  
 AND  
 FILED

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 20 2023

K. Brumley

## COVER LETTER

((1123000287292 3)))

TO: Registration Section  
Division of Corporations

**SUBJECT:** AUTO ESLINGER L.L.C. 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:

ALEXANDER ESLINGER

Name of Person

AUTO ESLINGER, LLC

Firm/Company

400 SUNNY ISLES BLVD. 1719

---

**Address**

SUNNY ISLES, FL 33160

---

**City/State and Zip Code**

---

info@miaccounting.us

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

For further information concerning this matter, please call:

ALEXANDER ESLINGER 305 610-2704  
at ( ) Area Code Daytime Telephone Number:  
Name of Person

Enclosed is a check for the following amount:

**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

((1123000287292 3)))

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

(((ff23000287292 3)))

AUTO ESLINGER L.L.C.

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

The Articles of Organization for this Limited Liability Company were filed on 08/17/2023 and assigned Florida document number 123000386840.

This amendment is submitted to amend the following:

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

2021 AUG 18

FILED

RECEIVED

CLERK

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

(((ff23000287292 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: ((H23000287292 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ALEXANDER ESLINGER	400 SUNNY ISLES BLVD. 1719	<input checked="" type="checkbox"/> Add
		SUNNY ISLES, FL 33160	<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
			<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

((H23000287292 3)))

((11230002872923)))

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated AUGUST 18

2023

Signature of a member or authorized representative of a member

ALEXANDER ESLINGER

Typed or printed name of signee

Filing Fee: \$25.00

((112301028729231))