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COVER LETTER

O: Registration Section **Division of Corporations** AutoFleet Solutions LLC UBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Austin Keenan Name of Person N/A Firm/Company 5430 Otters Run En Address Jacksonville, FL 32258 City/State and Zip Code autofleetsolutionstl@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Daytime Telephone Number inclosed is a check for the following amount: ☐ \$25.00 Filing Fee S30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

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AutoFleet Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) he Articles of Organization for this Limited Liability Company were filed on \(^1\) and assigned lorida document number 1.23000497745 his amendment is submitted to amend the following: . If amending name, enter the new name of the limited liability company here: he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) PO Box 600652 St Johns, FL 32260 nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) . If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ecept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is zing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

GR = Manager

MBR = Authorized Member

<u>tte</u>	<u>Name</u>	Address	Type of Action
	Austin Keenan	5430 Otters Run Ln Jacksonville, FL 32258	
NGK			= Add
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AutoFleet Solutions LLC. This amme	endment is being filed to make that correction and list	myself as the Owner	
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tive date, if other than the flective date is listed, the date must self the date inserted in this blonent's effective date on the De	date of filing: be specific and cannot be prior to date of filing one conditions and cannot be prior to date of filing one conditions are the applicable statutory figuratment of State's records.	(optional) or more than 90 days after filing.) Pursuant to 6 Iling requirements, this date will not be li	05.0 sted
ord specifies a delayed effective iled.	e date, but not an effective time, at 12:01 a	m, on the earlier of: (b) The 90th day af	ter t
November 6th	2023		
12			
- Worker	Signature of a member or authorized representat		

Filing Fee: \$25.00