

L24 000 00 9488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



600428653316

05/02/24--01057--010 \*\*60.00

2024-05-02 10:00

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Driven Automotive Diagnostics, 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:

Kyle Wilhelm  
Name of Person

Driven Automotive Diagnostics LLC  
Firm/Company

467 N. Turkey Pine Ln.  
Address

Lecanto, FL 34461  
City/State and Zip Code

KyleWilhelm86@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kyle Wilhelm at (352) 446-6293  
Name of Person 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**

Driver Automotive Diagnostics, LLC

(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 January 3, 2024 and assigned Florida document number L24000009488.

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)

467 N. Turkey Pine Ln  
Lecanto, FL 34461

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

467 N. Turkey Pine Ln  
Lecanto, FL 34461

**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:

Kyle Wilhelm

New Registered Office Address:

467 N. Turkey Pine Ln  
Enter Florida street address

Lecanto

City

Florida

34461

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.*

Kyle Wilhelm

**Changing Registered Agent, Signature of New Registered Agent**

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>                      |
|--------------|-------------|----------------|--------------------------------------------|
|              |             |                | <input type="checkbox"/> Add               |
|              |             |                | <input type="checkbox"/> Remove            |
|              |             |                | <input type="checkbox"/> Change            |
|              |             |                | <input type="checkbox"/> Add               |
|              |             |                | <input type="checkbox"/> Remove            |
|              |             |                | <input checked="" 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            |

2023.11.21 12:00  
SEP 11

(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)

Dated 4/25/24, \_\_\_\_\_

Signature of a member or authorized representative of a member

Kyle Wilhelm  
Typed or printed name of signee