

L24 000095 5 9 2

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAR -5 AM 9:56
STATE
TALLAHASSEE, FL

RECEIVED
2024 MAR -6 AM 11:26
STATE
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from this account: 12021000160: \$25.00

Authorization Signature: *James Hall*

Allstate Auto Plus LLC L24000098592

Business

Document #

☐ Walk in

☐ Pick up time _____

☐ Mail out

☐ Will wait

☐ Certified copy of articles of

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**
☐ **LLLP**

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL _____
Country

AMMENDMENTS

- ☒ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ Conversion

REGISTRATION/QUALIFICATIONS

- ☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLSTATE AUTO PLUS 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:

KENYA A BLAKE

Name of Person

ALLSTATE AUTO PLUS LLC

Firm/Company

5610 DEWEY STREET

Address

HOLLYWOOD, FLORIDA 33023

City/State and Zip Code

ALLSTATEAUTOPLUS@GMAIL.COM

E-mail address; (to be used for future annual report notification)

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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL

For further information concerning this matter, please call:

KENYA A BLAKE

754

286-1745

Name of Person

at ()

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**

ALLSTATE AUTO PLUS 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 FEBRUARY 23, 2024 and assigned
Florida document number L24000098592.

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 "L.L.C." 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:

<u>Name of New Registered Agent:</u>	<u>KENYA A BLAKE</u>
<u>New Registered Office Address:</u>	<u>5610 DEWEY STREET</u>
	<small>Enter Florida street address</small>
	<u>HOLLYWOOD</u> , <u>Florida</u> <u>33023</u>
	<small>City Zip Code</small>

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.

KENYA A BLAKE
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>	<u>Address</u>	<u>Type of Action</u>
MGR	KENYA A BLAKE	5610 DEWEY STREET, HOLLYWOOD, FL 33023	<input checked="" 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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

OFFICE OF STATE
CLERK
TALLAHASSEE, FL
APR 15 9:56 AM

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

2004-08-05 AM 9:56
HAY OF STATE
IN ALABAMA, FL

F. 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 MARCH 5 2024

KENYA A BLAKE

Signature of a member or authorized representative of a member

KENYA A BLAKE

Typed or printed name of signee

Filing Fee: \$25.00