

(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(A44.:)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Conies Certificates of Status
Special Instructions to Filing Officer
Special instructions to Family Officer.
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
SUBJECT: TEN	iffe Auto LL	·L		
SUBJECT: 1010	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Jona the	Name of Person	Y	
	Ian itte	ANFO LLC Firm/Company		
	10451 Ford	Ham St		
	SpringHill	FL 34608		
	Inthe Auto L. E-mail address: (City/State and Zip Code COD MAIL. CON to be used for future annual report notification.	ation)	
For further information of	oncerning this matter, please co			
Jonathan	carabillo	at (727) 433- 5 Area Code Daytime T	840	
Name o	f Person	Area Code Daytime T	Telephone Number	
Enclosed is a check for the	he 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 S Division of C	Section	<u>Street Address:</u> Registration Secti Division of Corpo		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Itanitte Au	40 UC	2024 SEP -5	
(Name of the Limited	Liability Company as it no Florida Limited Liability Co	w appears on our records.) mpany) SEUNE (A.A.) TALLAHA	OF STATE SSEE, FI
The Articles of Organization for this Limited Liab	oility Company were file		· 2024 and assigned
Florida document number <u>L24000173</u>	<u> 303</u> .		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability com	pany here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Compar	ny," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	·····	
(Principal office address MUST BE A STREET	ADDRESS)		
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address		n our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	4	Enter Florida street address	
	City	, Flor	ida Zip Code
	City		en cone

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 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 Title Name **Address** Type of Action MGR DAVID Caraballo 10451 FordHamst BAdd Spring Hill FL 34608 | Remove ☐ Change □Remove ____ Change _____ □Remove ☐ Change □Add □Remove _____ Change □Add □Remove ☐ Change ____ □Add □Remove

_____ □Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
an effectiv ote: If t	date, if other than the date of filing:	
ecord sp	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ated	Sept 5th, 2024	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00