4/23/24, 12:25 PM

Division of Corporations



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.

(((H24000147759 3)))



H240001477593ABC6

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 : AT PLUS CORP Account Number : I20140000060 Phone : (305)406-3800 Fax Number : (305)406-3999

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAR DEALER FL LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

APR 24 2024 dlaH

T LEMIEUX

(1)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAR DEALER FL LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on o a Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability C Florida document number L24000173880	Company were filed on 04/12/20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
CARS DEALER FL LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designat	ion 'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		5000
(Mailing address MAY BE A POST OFFICE BOX)		
		22
		e-mod .
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records	enter the name of the new registered
		<u>လ</u>
Name of New Registered Agent:		(<i>y</i>
New Registered Office Address:		
	Enter Florida stree	ei address
		, Florida
	City	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.

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>	Address	Type of Action
			□Remove
			□Change
			□Add
			ПКетлоче
			□Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
 -			🗀 Add
			□ Rетюче
			□Add
			□Remove
			□Change

		·		
				
				
· · · · · · · · · · · · · · · · · · ·				
				
				_
				
<u> </u>				
				
Tective date, if other than the an effective date is listed, the date muote: If the date inserted in this becument's effective date on the D	st be specific and cannot be prilock does not meet the ann	ior to date of filing or mo	(option ore than 90 days after fil g requirements, this d	
ecord specifies a delayed effectivis filed.	re date, but not an effective	time, at 12:01 a.m. o	n the carlier of: (b)	The 90th day after the
tedAPRIL 23	2024	·		
leidy 4 Hacid	as Rodrigues Signature of a member or aut	•		

Filing Fee: \$25.00