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THE ASSESSES FOR



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: DEE OR Sam Auto SALES LLC Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filling.				
Please return all correspondence concerning this matter to the following:				
Samantha Mayes Name of Person				
DEE OR SAM Auto Sales LLC Firm/Company				
2360 CIARK ST Unit A4				
APOPKA FL, 32703 City/State and Zip Code				
E-inail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Samantha Mayes "401, 725-4577				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
☐ \$25.00 Filing Fee				

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

DEE OR SAM A	uto Sales LLC ?
(Name of the Limited Liability Comp (A Florida Limited	Cany as it now appears on our records.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>LA4000197773</u>	y were filed on 409 200 7- and essigned T
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2360 CLARK ST UNILA9
(Principal office address MUST BE A STREET ADDRESS)	Apopla 12 32703
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Apopla FL 32703
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	antha Mayes
New Registered Office Address:	Enter Florida street address
- April	$\frac{\sqrt{A}}{City}$, Florida $\frac{\sqrt{A}}{Zip Code}$
Now Destruction of the case of	

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.

Il 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
Juste l	Samantha Mayes	2360 CLARKST Unit	A4 Add
Manger		Apopka FL 32703	□ Remove
			Change
			□ Add
.:			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			
			🗆 Remove
			Change
			🗆 Add
			□ Remove
			□ Change
			🗆 Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E. Effective date, if other than the date of filing: (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 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 112 2021
Signature of a member or authorized representative of a member
Typed or printed name of signee

Filing Fee: \$25.00