

L24060230526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

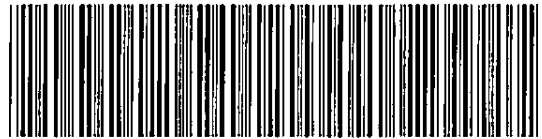
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/17/24--01002--008 **25.00

FILED
2024 JUN 17 AM 8:17

RECEIVED
2024 JUN 17 AM 8:18
SECRETARY OF STATE
1211 CHAMBERS ST. LONDON

AB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: High Level Auto Sales 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:

Darleen Rodriguez
Name of Person

Firm/Company

8333 E. Colonial Dr Lot #C
Address

Orlando Florida 32817
City/State and Zip Code

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

For further information concerning this matter, please call:

Darleen Rodriguez at (407) 240-2044
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

High Level Auto Sale LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED

2024 JUN 17 AM 8:17

The Articles of Organization for this Limited Liability Company were filed on May 17 2024 and assigned Florida document number L 24 000230526

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 "LLC."

Enter new principal offices address, if applicable:

8333 E. Colonial Dr Lot C

(Principal office address MUST BE A STREET ADDRESS)

Orlando Florida 32817

Enter new mailing address, if applicable:

8333 E. Colonial Dr Lot C

(Mailing address MAY BE A POST OFFICE BOX)

Orlando Florida 32817

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:

Darleen Rodriguez

New Registered Office Address:

8333 E. Colonial Dr Lot C

Enter Florida street address

Orlando

City

Florida

32817

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.

Darleen Rodriguez *pk*

If Changing Registered Agent, Signature of New Registered Agent

