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COVER LETTER

Division of Corporations		
SUBJECT: ALS Affordable	AUTO AND Tr	- Pansmission CCC
Name of Lin	nited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub-	smitted for filing	
Please return all correspondence concerning this matter	to the following:	
Allen	Te Llor J Name of Person	
ALS Affor	Jable Duro and Firm/Company	2 Transmission LLC
1732 W	1: 110W DA-K	A1
ElseWAI	City/State and Zip Code	7/32
Alsallordah	Le Autoanl - M. Go be used for future annual report notificat	BBMAL.con
For further information concerning this matter, please of		
Allen Tedford Name of Person	at (386) 500 - Area Code Daytime Te	2418 dephone Number
Enclosed is a check for the following amount:		7 00
\$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee? Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addrors	Strant Addraga	
Mailing Address: Registration Section	Street Address: Registration Section	in i
Division of Corporations	Division of Corpor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	iany as it now appears on our records.) Liability Company)	jon, cle
The Articles of Organization for this Limited Liability Company Florida document number <u> </u>	y were filed on July 31, 20	24 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the a	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)		2071-4
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nar	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Klorida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

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

Address Title <u>Name</u> Type of Action MANAGA Nicole Techtoral ATOS BOTHER CATELORING

7132 Willow OAK AL TREMOVE

FACEWATIN FL 32/32 TREMOVE MANAGE Allen Tedlord Edgewater, FL32132 Add
MGR ___ □Change EZ ☐Change EZ ☐Add □ Remove □ Remove

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effective date is listed	er than the date of filing: , the date must be specific and ca	innot be prior to date of filing o		ling.) Pursuant to 605.020
	ed in this block does not med te on the Department of Sta		ning requirements, this c	iate will not be listed a
cord specifies a dela	yed effective date, but not ar	r effective time, at 12:01 a.i	n, on the earlier of: (b)	The 90th day after the
s filed.	•		()	•
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