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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Majestic A	Name of Limited Liability Company
The enclosed Articles of Amendment an	nd fee(s) are submitted for filing.
Please return all correspondence concer	ning this matter to the following:
	Natalie Lawrence Name of Person
	Firm/Company
<u>2</u>	304 NW 30th A.
	City/State and Zip Code ijestic Auto Sales Agency 29 mail. com E-mail address: (to be used for future annual report notification)
For further information concerning this	
Natalie Lawrence Name of Person	at (954) 498-1299 Area Code Daytime Telephone Number
Enclosed is a check for the following ar	nount:
- · ·	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, cate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Majestic Auto Sales 7 Tag Agency. (Name of the Limited Liability Company as it now appears on our seconds.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on
his amendment is submitted to amend the following:
he new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
Inter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
, Florida
City: Zip Code [ew Registered Agent's Signature, if changing Registered Agent:

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.

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

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
			□Add
			□Remove
			Change
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			□Remove
			□Change
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<u>lote:</u> If the	date inserted in th	iis block does not	t meet the appli	cable statutory f	or more than 90 days	optional) safter filing.) Pursuan s, this date will not	t to 605.0207 be listed as
ocument s	effective date on the	ne Department of	i state s records	5.			
	specifies a dela day after the			ot an effectiv	e time, at 12:	01 a.m. on the	earlier o
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ated		Nati		4			
ated		Signature of	a member of auth	norized representa	tive of a member	<u> </u>	 .

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