## L2S000006237

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Aliste- Autos	It C	
	Name of Limi	ited Liability Company	
791		1661	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Filian	Name of Person	
		Firm/Company	Manufacture.
	3750 Crun	Highway Sin. to 300	SEGRETARY OF SOLL Cation)
	Tanja FL	33618	
	1 '	City/State and Zip Code	ラス 第0 星
	F-mail address: (1	to be used for future annual report notifi	cation) The Co
For further information co	oncerning this matter, please co		27 P. 21
Rhún M.L Name of	Person	at ( <u>23 °)</u> 2 <u>°) ( 0                                  </u>	73 7 Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	S30.00 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		Street Address:	
Registration S Division of Co		Registration Sectorial Division of Corp	
P.O. Box 632		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alister Autos LI	LC	
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records. ida Limited Liability Company)	)
The Articles of Organization for this Limited Liability	Company were filed on $1-3-35$	and assigned
Florida document number <u>L2500006237</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	~~~
		SE 023
		ER ER
B. If amending the registered agent and/or register agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·	he name of the new registered
	•	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
<u>-</u>	Enter Florida street address	
	, Flor	
	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 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
AMBA-	Rhan Mitchan	3750 Gunn Highway	DAdd
		3750 Gunn Highway 56.4: 306 # 1094	Remove
		Tumpa FL 33618	□Change
			□Add
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Signature of a member or authorized representative of a member	cument's effective ecord specifies a de is filed.		<u>, 2025</u>	_ ·		
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