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COVER LETTER

Tallahassee, FL 32314

CHD IE/		LLC.						
SUBJEC	.1;	Name of Lim	hmitted for filing. In to the following: Name of Person Firm/Company Address DA 33020 City/State and Zip Code (to be used for future annual report notification) call: at (
Division of Corporations EG CARS 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: ELIAM LEVY Name of Person EG CARS LLC. Firm/Company 1205 N 21ST AVE Address HOLLYWOOD, FLORIDA 33020 City/State and Zip Code Eliamlevy 123@gmail.com Email address: (to be used for future annual report notification) For further information concerning this matter, please call: Eliam Levy Name of Person Name of Person Tenclosed is a check for the following amount: Esclosed is a check for the follo								
Please re	turn all correspo	ondence concerning this matter	to the following:					
		ELIAM LEVY						
			Name of Person					
		EG CARS LLC.						
			Firm/Company	-				
		1205 N 21ST AVE						
		 "	Address					
		HOLLYWOOD, FLORID.	A 33020					
			City/State and Zip Co	xde	-			
For furth	er information c			шагтерогі поппеа	ition)			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		954-683-7020				
	Name o	f Person		Daytime T	elephone Number			
Enclosed	Lis a check for t	be following amount:						
		☐ \$30.00 Filing Fee &	Certified Copy	,	Certificate of Status &			
	P.O. Box 632							

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EG CARS LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records rability Company)	2)
	were filed on JULY 28, 2021	and assigned
Florida document number 1.21000341181		
This amendment is submitted to amend the following:		
(A Florida Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JULY 28, 2021 and assigned Florida document number 1.21000341181 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: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address Florida City Vip Code New Registered Agent's Signature, if changing Registered Agent:		
The new name must be distinguishable and contain the words "Limited Liabit	fity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		وم.
		•
Enter new mailing address, if applicable:		. 3
**************************************		<u> </u>
(muning names with Bit 7(1 001 01 1 (CB 2001))		j.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter t</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	•
	, Flo	orida
	City	7.ip Code
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, an provided for in Chapter 605, l	d I am familiar with and F.S. Or, if this document is

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

<u>Title</u>	Name	Address	Type of Action
MGR	GILAD LEVY	7345 NW 19TH CT	= Add
		PEMBROKE PINES, FLORIDA 33024	□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			☐ Add ☐ ☐ ☐ Remove
			☐Remove
			Change
			□Add
			□Remove
			□Change
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			□Remove
			Change

Effective date, if other than the date of filing:	
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Effective date, if other than the date of filing:	
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Dated JULY 28TH 2021	o 605.020 e listed a
Dated	after the
Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	
	_
ELIAM LEVY	

Filing Fee: \$25.00