Florida Department of State*

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FRAMA LOGISTICS LLC

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Page Count	03
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Frama Logistics LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000379284		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
Xclusive Auto Mall LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	ibbreviation "L.L.C."
Enter new principal offices address, if applicable:	47/10/20/20/20/20/20/20/20/20/20/20/20/20/20	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
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 na	me of the new register
Name of New Registered Agent:		=======================================
New Registered Office Address:	Enter Florida street address	-9 R
	. Florida	PM 2
	City	Žip Codes
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	~ 5

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

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□Change
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Effective date, if other than the liften effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not	meet the applic	table statutory f	r more than 90 da ling requiremer	(optional) ys after filing.) Purs its, this date will:	uant to 605,0207 not be listed as t
e record specifies a delayed effect rd is filed.	tive date, but no	ot an effective t	ime, at 12:01 a.:	n. on the earliet	of: (b) The 90t	h day after the
Dated 08/09		2022				
			<u> </u>			

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