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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(City/State/Zip/Fflorie #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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COVER LETTER

TO: Registration Division of C			
Piyay At	uto Sales		
SUBJECT:	Name of Linu	ted Liabitity Company	
The enclosed Articles	of Amendment and feets) are sub-	mitted for filing.	
Please return all corre	spondence concerning this matter t	to the following:	
	Irrick Sation		
		Name of Person	
	Piyay Auto Sales		
		Firm Company	
	6142 Miramar Parkway, St	nite 1)	
		Address	
	Maumar, FL, 33023		2022
		City State and Zip Code	2022 JUL 18
	erick'a uvfinacialservices.co	om .	iii.
	F-mail addiess: (to be used for future annual report notification)	
For further informati	on concerning this matter, please e	rall:	AH 8: 4: OF 51018
Erick Sanon		786 440-0288 at ()	
Na	me of Person	Area Code Daytime Telephone Number	<u> </u>
Enclosed is a check t	for the following amount:		
_ \$25.00 Filing Fe		continuo (sp. is enclosed) Certified	te of Status &
~	Idress: ion Section of Corporations	Street Address: Registration Section Division of Corporations	
P.O. Box		The Centre of Tallahassee	()

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Piyay Auto Sales		-
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{0}{2}$ Florida document number $\frac{1.22000256051}{2}$		assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company b	<u>ierc</u> :	
Piyay Auto Sales LLC		
Piyay Auto Sales LLC The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation	"ŧ, !€
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)	2	2022 JUL 1/8
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the	89.
Name of New Registered Agent:		
New Registered Office Address: Enter F	Tarida street address	
	Florida	
City	Zip C	PAC

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 v provisions of all statutes relative to the preper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume being tiled 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>	<u>Address</u>	Type of Action
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			□Remove
			Z Add
			□Remove
			[Change
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ffective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of filing Note: If the date inserted in this block does not meet the applicable statutory iconment's effective date on the Department of State's records.	(option: or more than 90 days after fili filing requirements, this da	ng i Pursu.	ant to 605.02 of be listed
record specifies a delayed effective date, but not an effective time, at 12:01 a d is filed.	.m. on the earlier of: (b)	The 90th	day after ti
Dated			

Filing Fee: \$25.00