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S. ROBERTS JUN 2 1 2023

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:	a Formula Acon	homotive CCC	
	Name of Lim	ited Liability Company	3
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing	30 S
Please return all correspo	ndence concerning this matter	to the following:	
,	Ç	<u> </u>	
		Nestor Rivera	CNZ
		Name of Person	
	La Formul	Automotive CLC Firm/Company	
		i mircompany	
	4714 Alberta L	hve	
		Address	
	West Pal	m Beach, FC 33 4 City/State and Zip Code	14
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	fication)
For further information c	oncerning this matter, please co		·
Nester Rivera	Conz	at ( <u>954</u> ) <u>494</u> -	: 503 <del>7</del> ne Telephone Number
Name o	i retson	Area Conc Dayun	
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	<b>※</b> \$60.00 Filing Fee.
_	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
			<u>-</u>
Mailing Addres	is:	Street Address:	
Registration 5	Section	Registration Se	
Division of C P.O. Box 632	•	Division of Co The Centre of	•

2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

La Formula Automotive LLC

(A Florida Limited Liability Compan- (A Florida Limited Lia	ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L23000/0/739</u> .	were filed on $\frac{2/27/202}{}$	3 and assigned
This amendment is submitted to amend the following:		5
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	202
(Principal office address MUST BE A STREET ADDRESS)		
	· .	- P
Enter new mailing address, if applicable:	N/H	
(Mailing address MAY BE A POST OFFICE BOX)		<u>\S</u>
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	idress on our records, <u>enter the</u>	e name of the new registere
Name of New Registered Agent:	<u> </u>	

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Cirv

Enter Florida street address

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>	1.	Type of Action
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f amending any other information, enter change(s) here	: (Attach additional	sheets, 'if n	ecessary.)		·
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