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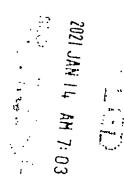
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O SIMMONS
FEB 22 2021

COVER LETTER

TO:

TO: Registration Division of	n Section Corporations		
	USINESS SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
en lasel		and the second second	
	s of Amendment and fee(s) are sub		
Please return all corre	espondence concerning this matter	to the following:	
	YVES MAIA		
		Name of Person	
	TAX LINKS CONSULTA	ANTS	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	de en-
	7751 KINGSPOINTE PK	WY STE 126	
		Address	
	ORLANDO, FL 32819		
		City/State and Zip Code	
	YMAIA@TAXLINKSCO:	SSULTANTS.COM to be used for future annual report no	tification)
For further informati	on concerning this matter, please o	·	
YVES MAIA		407 270-4846	
Na	me of Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fe	e 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)
Division o P.O. Box	on Section of Corporations	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 JAH 14 AH 7: 03

N&A BUSINESS SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L		were filed on $\frac{07/11/20}{}$	11	and assigned
Florida document number L11000079729	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liabi	ility company here:		
F2 MOTOR SALES LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designa	tion "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or r		address on our record	ls, <u>enter the name o</u>	f the new registered
agent and/or the new registered office addre	ss here:			
Name of New Registered Agent:	PAULA RENA	TA MIRANDA MART	INS DOS REIS	
Nume of the winegimental right.				
New Registered Office Address:		Enter Florida str	veet address	<u></u>
			F1 · 1	
		City	, Florida	Zip Code

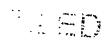
New Registered Agent's Signature, if changing Registered Agent:

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 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



Title	<u>Name</u>	2021 JAN 14 AM 7: 03	Type of Action
MGRM	NELSON NASCIMENTO	2166 ORINOCO DR	_ □Add
		SUITE 416	≣Remove
		ORLANDO, FL 32837	
AMBR	PAULA R MIRANDA MARTINS	2166 ORINOCO DR	≘ Add
		SUITE 416	_ □Remove
		ORLANDO, FL 32837	
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<u>Note:</u> If	e date, if other than the date of filing:
record : d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
Dated _	17.08.2020.
	plan V. Nosimut-
	Signature of a member or authorized representative of a member
	NELSON NASCIMENTO
	Typed or printed name of signee

Filing Fee: \$25.00