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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC Account Number : I20180000086

Phone : (916)576-7000 Fax Number : (800)603-5868

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

Email Address: _____RLOPS@PARASEC.COM

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C. BRUMBLEY

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Help

To: 18506176363 From: 19166105073 Date: 11/18/22 Time: 5:49 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

US 19 AUTO SA		
(Name of the Limite)	d Liability Company as it now appear A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Lia Florida document numberL12000099616	bility Company were filed on	3/02/2012
This amendment is submitted to amend the follow A. If amending name, enter the new name of the submitted to amend the follows.	•	PH 4:43 OF STATE SEE, FILE
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our re here:	cords, enter the name of the new registere
Name of New Registered Agent:	Andrew Malki	
New Registered Office Address:	4548 Mile Stretch Drive Emer Flori	da street address
	Holiday	, Florida <u>34690</u>
	Ciţy	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

To: 18566176303 From: 19166105073 Date: 11/18/22 Time: 5:49 PM Page: 04/05

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
MGRM	Afram Malki	PO BOX 2455	□Add
		OLDSMAR, FL 34677	⊠ Remove
			☐ Change
MGRM Andrew Malki	Andrew Malki	4548 Mile Stretch Drive	□Add
		Holiday, FL 34690	🗀 Remove
		※ Change	
			□Add
			Remove
			□Change
		DbA⊡	
			□ Change
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
		□Change	

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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	tive date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the n's effective date on the Department of State's records.
the record ford is file	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 _	November 16 2022
	Signature of intember or authorized representative of a member
	Andrew MALE

Filing Fee: \$25.00