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to;

Division of Opporations
Fax Number : (858)C17-6383

Fax Number

Account Name : RE TAX SERVICE LLC Account Number : 120148908983 Phone : (407)932-0640 : (407)520-5471

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

Emall Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AUTOANGAR USA LLC

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M. SOLOMON NOV 15 2023

COVER LETTER

TO:	Registration Secti Division of Corpo	on rations		
SUBJEC	AUTOANGA	R USA LLC		
00200		Name of Limited Liability Company		
The encl	losed Articles of An	endment and fee(s) are submitted for filing.		
Please re	eturn all correspond	nce concerning this matter to the following:		
		RUTII MIRELLA GARZON		
		Name of Person		
		AUTOANGAR USA LLC		
		Firm/Company	20.	
		6024 SOTER LANE	2029 NOV 14	ν.
		Address		••••
		WINDERMERE, FL 34786	5 .	
		City/State and Zip Coce	AM 10: 00	
		E-mail address: (to be used for future annual report notification)	00.	
For furth	ner information cond	erning this matter, please call:	43	
	MIRELLA GARZO			
	Name of Pe			
Enclosed	l is a check for the f	o lowing amount:		
□ \$2 5.	00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	Status &	
	Mailing Address: Registration Sec Division of Corp.O. Box 6327 Tallahassee, FL	Division of Corporations The Centre of Tallahassee		

AUTOANGAR USA LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ited Liability Commany as it now appe (A Florida Limited Liability Company	enrs on our records.)			
Liability Company were filed on _	12/07/2015 and assigned			
Howing:				
of the limited liability company	here:			
words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."			
icable:				
ET ADDRESS)	2025			
·				
Enter new mailing address, if applicable:				
(Malling address MAY BE A POST OFFICE BOX)				
registered office address on our css here:	records, enter the name of the new registered			
RUTH MIRELLA GARZON				
6024 Soter Lane				
Enter Florida street address				
Windormere	, Florida ³⁴⁷⁸⁶			
City	Zip Coιle			
	Liability Company were filed on			

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	Name		Address	Type of Action
Manager	ANGULO	, antonio	6024 Soter Lane	□Add
	The state of the s		Windermere, FL 34786	≅Remove
				Change
				□Add
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				Change

Filing Fee: \$25.00