

L15000201864

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TAX ZONE INC.
Account Number : I20190000044
Phone : (407)888-3131
Fax Number : (888)453-0509

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

Email Address: accountant@taxzonefl.com

SECRETARY OF STATE
FACILITY ASSISTANT

2025 SEP 17 PM 12 29

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

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FLORIDA DEPARTMENT OF STATE
ALLIANCE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUTOANGAR USA LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDDIE KOTLER
Name of Person
TAX ZONE INC
Firm/Company
8865 COMMODITY CIRCLE STE 4
Address
ORLANDO, FL 32819
City/State and Zip Code
ACCOUNTANT@TAXZONEFL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN ANGULO
Name of Person
407 888 3131
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☐ \$30.00 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)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2025 SEP 17 PM 12 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUTOANGAR USA 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 Liability Company were filed on 12/07/2015 and assigned
Florida document number L15000201864.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: JUAN ANGULO

New Registered Office Address: 6024 SOTER LANE
Enter Florida street address

WINDERMERE, Florida 34786
City 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.

Juan Angulo
If Changing Registered Agent, Signature of New Registered Agent

