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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.

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

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Help

COVER LETTER

SUBJECT: 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	
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	
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	
TAX ZONE INC Firm/Company 8865 COMMODITY CIRCLE STE 4 Address	
Name of Person TAX ZONE INC Firm/Company 8865 COMMODITY CIRCLE STE 4 Address	
Firm/Company 8865 COMMODITY CIRCLE STE 4 Address	
Firm/Company 8865 COMMODITY CIRCLE STE 4 Address	
8865 COMMODITY CIRCLE STE 4 Address	
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:	
TIAN ANGULO 407 888 3131	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (udditional copy is enclosed) 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

To: •

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2025 SEP 17 PM 12 29

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: JUAN ANGULO Name of New Registered Agent: 6024 SOTER LANE New Registered Office Address: Enter Florida street address _, Florida 34786
Zip Code WINDERMERE

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
AMBR	GARZON , RUTH MIRELLA	6024 Soter Lane	□Abd
		WINDERMERE, FL 34786	■ Remove
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