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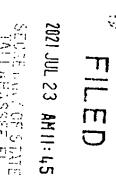
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to f	Filing Officer:	

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Division of C				
oun incr.	Los Amigos Us	sed Tier Shop LLC		
SUBJECT:	Name of Lin	ited Liability Company	- 	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
		Juan M Sanabria Mejia		
		Name of Person		
	Los	Amigos Used Tier Shop LLC		
		Firm/Company	·	
		2238 Atlantic Blvd		
	-	Address		
		Jacksonville, FL 32207		
		City/State and Zip Code		
	•	ansanabiamejia@gmail.com		
		to be used for future annual report r	notification)	
For further information	concerning this matter, please c	all:		
Juan M S	Sanabria Mejia	904 424-0992 at ()		
Name	e of Person	Area Code Day	time Telephone Number	
Enclosed is a check for	the following amount:			
■ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addr		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 63			f Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Los Amigos Used Tier Shop LL		
(<u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability Co	w appears on our records.) ompany)	
The Articles of Organization for this Limited Liability Company were file Florida document numberL16000088104	d on 05/04/2016 and a	ssigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>:-:</u> -
	2021	
Enter new mailing address, if applicable:	2021 JUL 23 SEALL MA	一二
(Mailing address MAY BE A POST OFFICE BOX)	3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	B
B. If amending the registered agent and/or registered office address o agent and/or the new registered office address here:	on our records, enter the name of the n	ew registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
,	omer vioriaa sireet aaaress	
	, Florida Zip Code	
Ciţ	Zip Code	,

New Registered Agent's Signature, it 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Oscar Daniel Robles Tabora	3952 Atlantic Blvd Apt K-05	= Add
		Jacksonville, FL 32207	□Remove
			□Change
			□Add
			Петюче
			Change
			□Remove
			Change
			□Remove
			□Change
			□Remove
			□ Add
		 .	Remove
			□Change

responsibility on our busi	ness.					
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ive date, if other than		ing:			(optional)	
fective date is listed, the date. If the date inserted in thi						
nent's effective date on th						
rd specifies a delayed effe iled.	ctive date, but n	ot an effective	time, at 12:01 a	.m. on the earlie	r of: (b) The 90th	i day after
July	20	202	4			
11 1		- · /				

Typed or printed name of signee