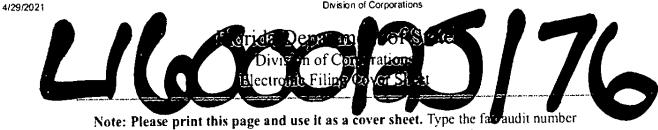
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PRIME ACCOUNTING & CONSULTANCY LLC

Account Number : I20180000090 Phone : (407)232-6777 Fax Number : (407)710-0533

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGNED **CAR EXPERTS LLC**

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ARTICLES OF AMENDMENT TO , ARTICLES OF ORGANIZATION OF

(((H21000171903 3)))

CAR EXPERTS	ÊLC		•
(Name of the Limited Liability Company (A Florida Limited Liab	as It now appears or ility Company)	n our records.)	
The Articles of Organization for this Limited Liability Company we Florida document numberL16000125176	re filed on	06/30/2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:	:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the desig	mation "LLC" or the a	bbreviation "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 addagent and/or the new registered office address here:	dress on our reco	ords, <u>enter the na</u> r	ne of the new registered
Name of New Registered Agent:	<u></u> .		
New Registered Office Address:	Enter Florida	street address Florida	- 5 PH
	City		77; Zip Code
New Registered Agent's Signature, if changing Registered Agent:		ع ن م .	S

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

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TI amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added
(((H21000171903 3))) or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANDRE LUIZ FERNANDES	15333 HONEYBELL DR.	≣ Add
		WINTER GARDEN, FL 34787	□Remove
			☐ Change
MGR HELDER AREAS MORETTO	HELDER AREAS MORETTO	1235 CELEBRATION AVE	
	CELEBRATION, FL 34747		
			≘ Change
			[] Add
			□ Remove
			[Change
			□Add
		□Remove	
			☐ Change
			□Add
			Remove
			□Change
Agency and the second second			□Add
			□Remove
			□Change

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ne record specifies a delayed effective ord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aff	er the
Dated APRIL 29TH	, 2021	
Is/ Andrelina	Signature of a member or authorized representative of a member	
101 NAMES OF	Signature of a member or authorized representative of a member	
	ANDRE LUIZ FERNANDES	
<u> </u>	Typed or printed name of signee	