

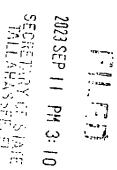
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COVER LETTER

Division of Co	•		
	AUTO DEAL, ALC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
·	OGANDO, YIMIR	· ·	
		Name of Person	
	COMPANY		
		Firm/Company	
	2779 OLD DIXIE HWY S	TEE	
		Address	
	KISSIMMEE, FL 34744		
	xclusiveroyalantoxleal@gma	City/State and Zip Code ail.com	
	E-mail address: t	to be used for future annual report notification	ation)
For further information	concerning this matter, please c	all;	(0
OGANDO, YIMIR		407 483-7230	POZ3 SEF
Name	of Person	Area Code Daytime 1	SECRE ARY OF ST
Enclosed is a check for	the following amount:		मिल हैं
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy cadditional copy is enclosed)
Mailing Addr	<u>ess:</u>	Street Address:	

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

Registration Section

TO:

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

ROYALAUTO DEAL, 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 ______ and assigned Florida document number ______L16000135912 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 4 4 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) O 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: New Registered Office Address: Enter Florida street address

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

_. Florida __

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SIJIE FU	904 OCALA WOODS LN ORLANDO FL, FL 32824	
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ctive date, if other than the d	09/01/2023	(option	uls	
effective date is listed, the date must b	e specific and cannot be prior to date of ti	iling or more than 90 days after fil	ing.) Pursuant	cto 605,02
<u>e:</u> If the date inserted in this bloc ament's effective date on the Dep	k does not meet the applicable statut artment of State's records.	ory filing requirements, this d	ate will not	be listed:
	effective date, but not an effe	ective time, at 12:01 a.r	n. on the	earlier
ne 90th day after the recor	d is filed.			
SEPTEMBER 1	2023			
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- > Jimin (gando grature of a member or authorized repre			

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