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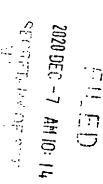
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer;





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12/97/20--01011 -010 **25.00



LAA. 1/19/21

COVER LETTER

Division of Cor	porations		
SUBJECT:	ger it Right	auto Sales	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Juancorlus Ceis	45
		Name of Person	
	Ger	ir Right Au	to Sales
	1320	Sov 69 Sh K	hue.
	þ	luini PC	33144
	Juanterlos ca E-mail address: (City/State and Zip Code SAS! 9 GMA! to be used for future annual report no	. Com
For further information of	concerning this matter, please ca		
Juancerla	es Casas	at (<u>786</u>) <u>34</u> Area Code Dayti	16-3454
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
2 \$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:

TO:

Registration Section

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

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on		_ and assigned
Florida document number			
This amendment is submitted to amend the following:			
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." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable: Adiling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered			
The new name must be distinguishable and contain the words "Limited Liab	ollity Company," the designation	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u>: @</u>)20
		•	-7
Enter new mailing address, if applicable:		<u>a</u>	<u>≥</u> [1]
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			7
gent and/or the new registered office address here:	address on our records	enter the name o	f the new regis
Name of New Registered Agent:		-	<u></u>
New Registered Office Address:			
	Enter Florida stree	t address	
		, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent	City		ZIP Code

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>	<u>Address</u>	Type of Action
AMBR	Juancarlos Casas	1320 sw 69th Avenue, Miami FL 33144	= Add
			□Remove
		·	Change
			🗀 Add
			□Remove
			□Change
		□Add	
			□Remove
		⊡Add	
			□Remove
		,	□Change
			□ Add
		🗀 Remove	
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			□Remove
			□ Change

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	<u> </u>	
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an cifec lote: H	date, if other than the date of filing:	
l is filed		the
ated _	11-36-2020	
	Signature of a member or authorized representative of a member	
	Lancorics Casas	