L17000069954

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COVER LETTER

TO:	Registration Se Division of Co		14	
our m		KESSLER MOTOR CARS, L	LC	* v
SUBJE	CI:	Name of Limi	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		ALICE KESSLER		
			Name of Person	
		STEVEN KESSLER MOT	OR CARS, LLC	
			Firm/Company	
		15510 W DIXIE HWY, BA	AY I	
			Address	
		NORTH MIAMI BEACH,	FL. 33162	
			City/State and Zip Code	
		steven@kesslermotorcars.co		<u> </u>
			to be used for future annual report notifi	ication)
For furth	her information o	concerning this matter, please ea	ıll:	
ALICE	KESSLER		305 606-0666	
	Name s	of Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for t	he following amount:		
√ 2 \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STEVEN KESSLER MOTOR CARS, LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now apper d Liability Company)	ers on our records.)	
The Articles of Organization for this Limited Liability Compan	ıy were filed on _	03/15/2017	and assigned
Florida document numberL17000059954			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company b	iere:	
he new name must be distinguishable and contain the words "Limited Lia"	bility Company," the	designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			202
Principal office address MUST BE A STREET ADDRESS)			
			2 [
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			.0
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	e address on our	records, <u>enter the</u>	name of the new regis
Name of New Registered Agent:			
New Registered Office Address:	P.,, 171	orida street address	
	Enter 14	oriaa sireei aaaress	
	City	, Florida	aZip Code
	Cuî.		zip Coae

New Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is zing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany has been notified in writing of this change.

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	<u>Name</u>	Address	Type of Action
AMBR	ALICE KESSLER	21205 YACHT CLUB DR, APT 2507	<u></u> ⊜Add
		AVENTURA, FL, 33180	□Remove
			□Change
MGR	JAYME PEREZ	905 BELLE MEADE ISLAND DR	= Add
		MIAMI, FL, 33138	□Remove
			Change
			
		/ 	DRemove
			P Chánge : :: 20 Add
			201Add
			□Remove
			Change
			□Add
			Remove
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			□Remove
			□ Change

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			2021
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fective date, if other than the dan effective date is listed, the date must bote. If the date inserted in this block cument's effective date on the Department.	c does not meet the applicable st	of filing or more than 90 days af attutory filing requirements, t	o tional) Aer tiling.) Pursuant to 605.020 This date will not be listed a
ecord specifies a delayed effective c is filed.	ate, but not an effective time, at	12:01 a.m. on the earlier of:	(b) The 90th day after th
JANUARY, 19th	2021		
Colum	gnature of a member or authorized a		
Si	anature of a member or authorized i	representative of a member	· · · · · · · · · · · · · · · · · · ·

Filing Fee: \$25.00