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2022 JAN 13 PM 3: 01 Secretary of State Tall assesses in

COVER LETTER

	Registration Se Division of Cor			•	•
CHD IEC	STEVEN R	CESSLER MOTOR CARS LL	C		
SUBJEC	ı:	Name of Lim	ited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please rett	um all correspo	ndence concerning this matter	to the following:		
		MARIA LEONARDO			
			Name of Person		
		ACCUTAX ADVISORY	CORP		
			Firm/Company		
		11098 BISCAYNE BLVD	STE 206		
			Address		
		MIAMI. FL 33161			
		_	City/State and Zip Co	ode	
		MARIA@MYCPAEA.CO!	M to be used for future ann	und ranger natificat	ion)
For furthe	r information c	oncerning this matter, please co		uai report normeat	
ALICE K	ESSLER			381-0333	
	Name o	f Person	at () Area Code	Daytime Te	lephone Number
Enclosed i	is a check for th	ne following amount:			
□ \$25.0	0 Filing Fee	(■ \$30.00 Filing Fee &) Certificate of Status	☐ \$55.00 Filing F Certified Copy tadditional copy is	•	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
(R (<u>D</u> P	Aailing Addres Registrátion S Division of C P.O. Box 632 Tallahassee, I	Section) orporations) 7	(Regi Divis The (stration Sections of Corpor Centre of Talla	ations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JAN 13 PM 3: 08

Zip Code

STEVEN KESSLER MOTOR" CARS, LLC	SECRETARY OF STATE
(Name of the Limited Liability (A Florida L	SECRETARY OF STATE Company as it now appears on our records.) TALLANTESSEE, FL imited Liability Company)
	npany were filed on 3 15 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NO CHANGE
(Principal office address MUST BE A STREET ADDRE	<u>ss,</u>
Enter new mailing address, if applicable:	NO CHANGE
· -	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent: NO CHA	ANGE
New Registered Office Address:	
-	Enter Florida street address
	Florida

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.

City

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	JAYME PEREZ	15510 W DIXIE HWY BAY #1	□Add
		NORTH MIAMI BEACH, FL 33162	■Remove
			□Change
MGR	JAYME PEREZ	905 BELLE MEADE ISLAND DR	
		MIAMI, FL 33138	\ \exists Remove
			□Change
			□ Add
			□ Remove
			□Change
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E ir the date inserted in th	the date of filing: must be specific and cannot be pri is block does not meet the appl the Department of State's record	or to date of filing or more the	(optional) han 90 days after filing.) Purs quirements, this date will i	uant to 605.0: not be listed
ord specifies a delayed effo filed.	ective date, but not an effective	time, at 12:01 a.m. on th	e earlier of: (b) The 90th	h day after ti
	2022			
d		 ·		
d	C Kesalve Signature of a member or aut			

Filing Fee: \$25.00