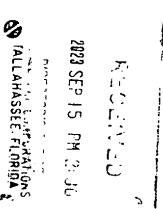
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COVER LETTER

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	istration Section sion of Corporations	±,	
SUBJECT:	Jax CROWN Name of Lin	nited Liability Company	-11 C
The enclosed	Articles of Amendment and fee(s) are sub-	omitted for filing.	
Please return	all correspondence concerning this matter	r to the following:	
	Walcit	Ray M	
	·	Firm/Company	
	8107 5	Address Pa	Inch
	Jackson	City/State and Zip Code	32256
	E-mail address:	(to be used for future annual report notif	ication)
For further in	formation concerning this matter, please c	rall:	
_Wa	KI Rahimu	at (904) SCY Area Code Daytime	r Telephone Number
Enclosed is a	check for the following amount:		
□ \$25.00 F	iling Fee \$\ \text{S30.00 Filing Fee & Certificate of Status}	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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**

FILED

A. If amending name, enter the new name of the limited liability company here: Tax CRown AUTO Solls . // The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable:
Tax Round AUTO Sales. 16 The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable:
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
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 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
, 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.

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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			□Remove
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			□Add
			□Remove
			∏Change

Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. We record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated Oglian Signature of a member or authorized representative of a member		
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Signature of a member or authorized representative of a member	Dated	09/15/23
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00