## L18000014221

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JAN 16 S. PRATHER

## **COVER LETTER**

TO: Registration Sec Division of Corp			
	O SALES GROUP LLC		
SUBJECT:	Name of Limite	d Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	BARBARO TRUJILLO		
		Name of Person	
	B & T AUTO SALES GRO	OUP LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	· ·
	2229 NW 27 AVE		
		Address	
	MIAMI FLORIDA 33155		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	BARBAROVINA@GMAII	L.COM to be used for future annual report not	ification)
For further information	concerning this matter, please co		
PATRICK CORVO		786 792 0464	
Name	of Person	at () Area Code Daytin	me Telephone Number
Enclosed is a check for	the following amount:		
<b>≡ \$25.00</b> Filing Fee	S30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addra		Street Address;	ection
Registration Section Division of Corporations		Registration S Division of Co	
P.O. Box 63		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B & T AUTO SALES OROUP LLC		
(Name of the Limited Liability Comi (A Florida Limited	ans as It now annears on our records. It inbility Company)	
The Articles of Organization for this Limited Liability Companional Accument number 1.18000014221	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	hility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
.  B. If amending the registered agent and/or registered offic	e address on our records, <u>enter t</u>	he name of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flo	rida
	Circ	Zin Code

## 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

Title	Name	Address	Type of Action
AMBR	ROLANDO II CARDENAS		_ []Add
		1140 N DOUGLAS RD, PEMBROKE PINES FL. 33	_
			Change
			🗆 Add
	•		🗆 Remove
			Change
			□Add
			□Remove
			Change
			□Add
			🗆 Remove
			Change
			DAN
	•		□ Remove
			Change
			DAdd
			□Remove
			[] Channe

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
L. 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 605.02.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	:07 (3)(b as the
f the 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 ecord is filed.	he
Dated NOVEMBER 22 2024	<u> </u>
Signature of a member or authorized representative of a member	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	1
BARBARO TRUILLO  Typed or pilated name of signee	.:

Filing Fee: \$25.00