L19000069743

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(Address)
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COVER LETTER

TO: Registration Section

Division of Co	rporations	•			
a - 1	-	•	•		
SUBJECT:	Name of Lim	ited Liability Company			
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{array}{c c c c c c c c c c c c c c c c c c c					
Please return all correspo	ondence concerning this matter	to the following:			
	Juno Pierre				
		Name of Person	· · · · · · · · · · · · · · · · · · ·		
	Pierre Family Auto Sales I	LLC			
		Firm/Company			
	8706 Buxley Place				
		Address			
	Orlando Fl 32829				
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	= =				
		·	itication)		
For further information c	oncerning this matter, please c	all:			
Juno Pierre					
Name o	f Person		ne Telephone Number		
Enclosed is a check for the	ne following amount:				
	-	T CSS AO Diling line &	C \$60.00 Filing For		
a \$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy		
Registration Section		-			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee, 1			oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pierre Family Auto Sales LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{3/12/2019}{1}$ and assigned Florida document number ______L19000069743 This amendment is submitted to amend the following: A. 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 "LLC." 1713 Kennedy Point Suite 1049, Oviedo Fl, 32765 Enter new principal offices address, if applicable: (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

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

, Florida

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	<u>Address</u>	Type of Action
CEO	Juno Pierre	8706 Buxley Pl Orlando FL 32829	□Add
			■Remove
			☐ Change
MGR	Juno Pierre	8706 Buxley Pl Orlando FL 32829	
			□Remove
			□Change
<u>coo</u>	Alisa Miller	8706 Buxley Pl Orlando FL 32829	□Add
			■Remove
			□Change
MGR	Alisa Miller	8706 Buxley Pl Orlando FL 32829	≣∧dd
			□Remove
			Change
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Tective date, if other than than effective date is listed, the date mote: If the date inserted in this becument's effective date on the listenses.	ust be specific and cannot block does not meet the	be prior to date of e applicable statu	filing or more than 9 story filing require	(optional) 0 days after filing.) P ments, this date wi	ursuant to 605.020 Il not be listed a
record specifies a delayed effecti is filed.	ive date, but not an effe	ective time, at 12	:01 a.m. on the ca	rlier of: (b) The S	00th day after th
July 16th	202	0			
ated July rott	,				
10/11/					

Filing Fee: \$25.00