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Amendlec

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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

MON SUBJECT:	SANTO AUTOMOTIVE LL	C	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	LUIS R TAVAREZ MO	NSANTO	
	MONSANTO AUTOMO	Name of Person	
	5716 RODMAN ST BAY	Firm/Company 3 & 4	
	HOLLYWOOD FL, 33023	Address	
	LUIS.SKODA@OUTLOOI	City/State and Zip Code C.COM	
p		to be used for future annual report noti	fication)
For further informatio	n concerning this matter, please ca	all:	
LUIS R TAVAREZ N	MONSANTO	954 830-6890	
Nam	e of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check fo	r the following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi	ILING ADDRESS: istration Section sion of Corporations	STREET/COURI Registration Section Division of Corpor	n

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MONSANTO AUTOMOTIVE LLC		61
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our recorda Limited Liability Company)	irds.)
The Articles of Organization for this Limited Liability Florida document number L19000070807	y Company were filed on MARCH 13. 2	and assigned .
riorida document number	 -	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	1	
B. If amending the registered agent and/or re	gistered office address on our recor	rds, enter the name of the new
registered agent and/or the new registered office a	ddress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	City	Zip 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LUIS R MONSANTO TAVARES	5716 RODMAN ST, BAY 3& 4 HOLLWICOOL FL 33003	= Add
			□ Remove
			Change
			□ Add
			🗆 Remove
			Change
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	cord specifies 90th day afte	a delayed effec er the record is	tive date, filed.	but not a	n effective	time, at 1	2:01 a.m.	on the earl	ier of:
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Page 3 of 3

Filing Fee: \$25.00