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November 1, 2023

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern.

Enclosed please find check #1191 for \$25.00 to process the amendment for Bogannam European Automotive, LLC.

If you have any questions or concerns, please feel free to contact me at 239-317-3116.

Best.

Safe Harbor Law Firm

Paralegal

Naples Office

4500 Executive Drive

Suite 100

Naples, FL 34119

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: BOUND (AM FUYOPU) Name of Lim	ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub	
Please return all correspondence concerning this matter	to the following.
- Ally m	Name of Person
Safe Hax	HOY LAW KYM Firm/Company
400 Exc	UMVP DY JELDO
Napki	Address City/State and Zip Code (to be used for future/annual report notification)
E-mail/address:	(to be used for future/annual report notification)
For further information concerning this matter, please of	
Name of Person	at (239) 317 31100 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Comp	any)
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L19000858935</u> .	n 10 15 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
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:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	20
	<u></u>
	12.2
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Ente	r Florida street address
	731 . 4 A

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.

Cinv

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 Type of Action Address Title Name aniere L. Grant 15930 DId 41 Rd. SLUTE 440 DAG Napri, R 34110 _____ & Remove 15930 Old LI Rd. Jute ULIO JANA Danielle Grant AMBR Napki K 31110 Remove 27580 Baretta Dr. ZAdd AMBL panielle Grant. ITE Danielle legh Trust DTD 1014123 Ponta Sphras & 34135 Remove <u>--</u> □∧dd □ Change

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reffective date is liste	d, the date must be specific rted in this block does n	e and cannot be prior to	date of filing or more	than 90 days after filir	g.) Pursuant to 605,020
:ument's effective	date on the Department	of State's records.			
cord specifies a de	layed effective date, but	not an effective tim	e, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
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