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Office Use Only

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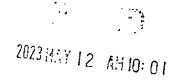
## **COVER LETTER**

. TO: , Registration Section

Division of Cor	porations		
WINDER A	AUTO SALES, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
r rease return air correspe	machee concerning this matter	to the following.	
	Lester Moraga		
		Name of Person	
	WINDER AUTO SALES,	LLC	
		Firm/Company	
	540 S Dixie Hwy		
		Address	
	Hollywood, FL 33020		
		City/State and Zip Code	
	info@mecpac.net		
	E-mail address; (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Maximo R Espinoza		305 698-9001	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Address Registration	Section	Street Address: Registration Sc	
Division of C P.O. Box 632		Division of Co The Centre of	•
Tallahassee,			pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



WINDER 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 Comp	pany were filed on November 21, 2019	and assigned
Florida document number L19000300989		
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 L	.iability Company," the designation "LLC" or t	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 off agent and/or the new registered office address here:	ice address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	aZip Code
	Cuy	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 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>	Address	Type of Action
MGR	Winder Josue Moraga Osorio	540 S Dixie Hwy	<b>=</b> Add
		Hollywood, FL 33020	ERemove
			□ Change
			□Add
			□Remove
			[]Change
			🗆 Add
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ffective date, if other than th	e date of filing:	(optional) filing or more than 90 days after filing.) Pursuant to 605,020
an effective date is listed, the date in	ust be specific and cannot be prior to date of	filing or more than 90 days after filing.) Pursuant to 605.0207 utory filing requirements, this date will not be listed as
ocument's effective date on the		, , ,
record specifies a delayed effect d is filed.	ve date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after the
May 1 Dated	. 2023	
2. 1		
v Lif	Signature of a member or authorized rep	procontaine of a momber
,	mention of a mention of authorized tep	resemble of a memori
Lester Moraga		
	Typed or printed name o	of signee

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