Florida Department of State

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(((H22000128917 3)))



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To:

Division of Corporations

14077100533

Fax Number : (850)617-6383

From:

Account Name : PRIME ACCOUNTING & CONSULTANCY LLC

Account Number : I20180000090 Phone : (407)232-6777 Fax Number : (407)710-0533

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email:	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CONCEPT CAR AUTO SALES LLC**

Certificate of Status	0
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14077100533

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DocuSign Envelope ID: 06062056-24EF-44B0-9BF6-3A323859DDDA CUVER LETTER

TO: Registration Sect Division of Corpo		•,	≥ 6 ¹⁰ 1
	CAR AUTO SALES LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	CCLINE DATABLANG		
	FELIPE D MARDAKIS		
		Name of Person	
	ASCENT ACCOUNTING	GROUP	
		Firm/Company	
	7345 W SAND LAKE RD	STE 209	
		Address	
	ORLANDO, FL, 32819		
		City/State and Zip Code	
	FILINGS@ASCENTACCO		
	E-mail address: (t	o be used for future annual report notif	fication)
For further information con	ncerning this matter, please ca	ill:	
FELIPE D MARDAKIS		407 2326777	
Name of Person		Area Code Daytime	e Telephone Number
Enclosed is a check for the	e 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)

Mailing Address:

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

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

→ 18506176383

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DocuSign Envelope ID: 06062056-24EF-44B0-98F6-3A323859DDDA ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

CONCEPT CAR AUTO SALES LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 12/12/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 office a agent and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	
Name of New Registered Agent:		2022 APR
New Registered Office Address:		- R - A
new registered office 75001535.	Enter Florida street address	
	, Florida	PA COVE
	City	Zip Cody
New Registered Agent's Signature, if changing Registered Agent:		TH 10
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I as provided for in Chapter 605, F.S. C	m familiar with and Or, if this document is
If Char	iging Registered Agent, Signature of New	Registered Agent

DocuSign Envelope iD: 06062056-24EF-44B0-9BF6-3A323859DDDA
IT amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added
or removed from our records:

(((H22000128917 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	NOBRE DO NASCIMENTO, JOC	5561 S. ORANGE BLOSSOM TRAIL	□Add
		ORLANDO, FL 32839	≅ Remove
			☐ Change
			□ Add
			□Remove
			□Change
		<u></u>	□Add
			□Remove
			Change
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			□ Change
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			Remove
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			🗆 Add
			□Remove
			Change

D.

			
			
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			<u> </u>
ffective date, if other than the da an effective date is listed, the date must be	ite of filing:	(0)	otional) Per filing Pursuant to 605 020
lote: If the date inserted in this block	c does not meet the applicable	statutory filing requirements,	this date will not be listed a
ocument's effective date on the Depa	imment of State's records.		
record specifies a delayed effective d I is filed.	ate, but not an effective time,	at 12:01 a,m. on the earlier of	(b) The 90th day after the
ated APRIL 1st	2022		
121		. Silva e Silva	
Si	enature of a member or audiouze	o representative or a member	

Filing Fee: \$25.00