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COVER LETTER

TO: Registration S Division of Co		,	
SUBJECT:	AUTO GROUP LLC		
SUBJECT.	Name of Lim	nited Liability Company	
The enclosed Articles of	f Amendment and fec(s) are sub	omitted for filing.	
	ondence concerning this matter	•	
	MAX KUTSAYEV		
	1	Name of Person	 -
	SUNSET AUTO GROUP	LLC	
		Firm/Company	
	6675 102ND AVE N UNI	T D	
		Address	
	PINELLAS PARK, FL 33	782	
	CHNICETALITACDALIDI I	City/State and Zip Code	 -
	SUNSETAUTOGROUPLL E-mail address: (to be used for future annual report notifi	eation)
For further information	concerning this matter, please c	all:	
MAX KUTSAYEV		727 301 - 2271 at ()	
Name	of Person	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 & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations dlahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSET AUTO GROUP LLC	
(Name of the Limited Liability Company a (A Florida Limited Liab	as it now appears on our records.) oility Company)
The Articles of Organization for this Limited Liability Company we	ere filed on 01/08/2020 and assigned
Florida document number 1.20000014754	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	v company 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:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	
	. B 2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	ξ ω
-	
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	lress on our records, enter the name of the new regis
Agent and or the new registered white address here.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
•	
	, Florida

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>		Address	Type of Action
MGR	MAX KUTSAYEV		6675 102ND AVE N UNIT D	≣ Add
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				□ Change
				□Add
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ective date, if other that effective date is listed, the d	in the date of	filing:	or to data of filing	(opt	ional)	to 605 03
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ument's effective date on	the Departmer	it of State's record	ls.			
cord specifies a delayed e stiled.	ffective date, b	ut not an effective	time, at 12:01 a.	m. on the earlier of: (b) The 90t	h day after th
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Filing Fee: \$25.00