LZ0 0000 43309

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| SUBJECT: | & B Auro Sale | s LLC | | | |
|-------------------------------|--|--|--|--|--|
| 30b/LC1/_ | Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Solid C. Sacritums | | | | |
| | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | | |
| Please return all correspo | ndence concerning this matter (| to the following: | | | |
| | | | | | |
| | Juli | o C. Sarrianto | | | |
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| | -/ 4 5 //· | Firm/Company | | | |
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| | M16M. | , PL 33196 | | | |
| | | City/State and Zip Code | | | |
| | E-mail address: (t | o be used for future annual report notif | fication) | | |
| For further information co | oncerning this matter, please ca | ill: | | | |
| Julio C | . Salmingo | at (239) 297 70 | 650 | | |
| Name of | f Person | Area Code Daytime | e Telephone Number | | |
| | | | | | |
| Enclosed is a check for th | e following amount: | | | | |
| □ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & | | |
| | | | | | |
| Mailing Addres | | Street Address: | | | |
| Registration S | | Registration Sec | | | |
| Division of C P.O. Box 632 | | Division of Cor The Centre of T | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Y & B Auro Sales, | LLC |
|---|--|
| (Name of the Limited Liability Compar (A Florida Limited L | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L20000043309</u> . | were filed on $02/06/3020$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | 2021 17/ |
| The new name must be distinguishable and contain the words "Limited Liabili | ity Company," the designation "LLC" or the abbreviation "L.L.C;"; |
| Enter new principal offices address, if applicable: | 16457 5W 97/5 Kiel - 19 |
| (Principal office address MUST BE A STREET ADDRESS) | Himi, Florida 33194 13 |
| Enter new mailing address, if applicable: | 16457 500 97th Street 17,000, Flored 33196 |
| (Mailing address MAY BE A POST OFFICE BOX) | Miras, Floredo 33/96 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter the name of the new registere</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | . Florida |
| | , 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

| Title | Name | Address | Type of Action |
|-------|----------------------|--|--------------------------|
| MGR | Julio C. Sarmiento | 16457 5W 9+th 5 tred FE 3319 | <u>'C</u> |
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| ective date, if other than the date of filing: | (optional) | |
| neffective date is listed, the date must be specific and cannot be prior to date of the first date inserted in this block does not meet the applicable state. | filing or more than 90 days after filing.) Pursuant to 6 utory filing requirements, this date will not be li | 05.0207 sted as |
| cument's effective date on the Department of State's records. | | |
| | | |
| secord specifies a delayed effective date, but not an effective time, at 12 s filed. | 2:01 a.m. on the earlier of: (b) The 90th day af | ter the |
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| , , , , , , | | |
| Signature of a member or authorized rep | resentative of a member | |

Filing Fee: \$25.00