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COVER LETTER

Registration Section

TO:

Division of Cor	porations				
endiezer.	MY NEW CAR A&M	LLC			
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ALEJANDRA PEREZ-ANZOLA				
		Name of Person			
	MY NEW CAR A&M LL	C			
		Firm/Company			
	1005 W 77TH ST APT 102				
		Address			
	HIALEAH, FL 33014				
		City/State and Zip Code			
	MYNEWCAR.A.M@GMA	AL.COM to be used for future annual report no	viffaction)		
For further information	oncerning this matter, please c		uncation)		
	oncertuig this matter, please c				
MARIELA E. LOPEZ		954 865-3728 at ()			
Name c	ı [:] Person	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 (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration		<u>Street Address:</u> Registration Se			
Division of C		Division of Co	•		
P.O. Box 632 Tallahassee.		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY NEW CAR A&M LLC	•	2320 St 1 = 3 Pil	6: 02
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 120000054694	were filed on	02/18/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	11986 SW 15TH ST		
Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PINES, FLORIDA 33025		
Enter new mailing address, if applicable:	PEMBROKE PINES, FLORIDA 33025		
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:	address on our re	cords, <u>enter the nan</u>	ie of the new regist
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	
		Florida	
	City		Ziv 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

<u>Title</u>	<u>Name</u>	Address 2970 SF -3 PH 6: 02	Type of Action
AMBR	ALICIA D. GARCIA RODRIGUE.	4015 N UNIVERSITY DR # J106	= Add
		SUNRISE, FLORIDA 33351	□Remove
			□Change
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. Effective date, if other than	he date of filing:	08/11/2020	(optional)	605 0267 LDV
(If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	block does not meet t	the applicable statutory	g or more than 90 days filing requirement	s, this date will not be) 605,0207 (3)(0 e listed as the
the record specifies a delayed effectord is filed.	ctive date, but not an ef	ffective time, at 12:01	a.m. on the earlier (of: (b) The 90th day	after the
Dated AUGUST 11	20	20			
Diffed	<u> </u>	<u></u> .			

Typed or printed name of signee