

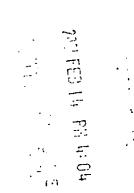
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PICK-UP	TIAW	MAIL
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(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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. . . COVER LETTER

TO: Registration Security Division of Corp			
SUBJECT: Fritz	Cars Sale	. 110	
30B0ECT: 7 1112		nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	unitted for tiling.	
Please return all correspon	dence concerning this matter	to the following:	
	<u>Fritz</u>	Name of Person	
	- Fritz	Cars Sales LLC	
	4827 27th	st sw Address	FEE TH
	Lehigh Acr	City/State and Zip Code	2004 FEB 14 PY 4: 04
	E-mail address: (agement @ gmail. Con	m
For further information con	ncerning this matter, please o	rall:	
Fritz L Name of	Person	at (234) — 980 ~ Sc Area Code Daytime Telepho	048 one 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 Address: Registration Se Division of Co	ection orporations	Street Address: Registration Section Division of Corporatio	
P.O. Box 6327		The Centre of Tallahas	ssee

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

- ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

tritz (urs	Sales LLC	
(Name of the Limited List (A Flor	bility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L2000018 142 1	v Company were filed on	/ and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li		
The new name must be distinguishable and contain the words "I	LL C	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADd	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		0,0
B. If amending the registered agent and/or registe agent and/or the new registered office address here		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	Daldrage
	rmer riorida sireei	
	City	, Florida 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
	<u>.</u>	<u> </u>	PAdd
			Rèmove
			□Change
			_□Add Rèmove □ Change
			□Remove
			□Change
			□Add
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			□Change
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			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

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ffective date is I If the date in	other than the date of fil listed, the date most be specific nserted in this block does no we date on the Department of	and cannot be prior to da of meet the applicable	ite of filing or more than 90 de statutory filing requireme	_ (optional) lys after filing.) Pursuant to 605.0 nts, this date will not be listed
rd specifies a îled.	delayed effective date, but i	not an effective time.	at 12:01 a.m. on the earlie	r of: (b) The 90th day after t
Febru	Jary 12	<u> 2024</u>	I representative of a member	
-		a member or authorized	I representative of a number	