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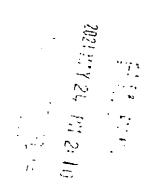
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
Los Leasi			
SUBJECT:		nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Carlos Garcia		
		Name of Person	
	Los Leasing LLC		<i>~</i> 3
		Firm/Company	
	336 Park Hill Blvd		
	····································	Address	
	West Melbourne, FL 3290	Name of Person Firm/Company Address City/State and Zip Code City/State and Zip Code at (
		City/State and Zip Code	
	bisanti.auto@gmail.com		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	E-mail address:	to be used for future annual report notif	fication)
For further information	concerning this matter, please of	all:	
Carlos Garcia			
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addre		•	vtion.
Registration Division of	Corporations	-	
P.O. Box 63	27		
Tallahassee,	FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Los Leasing LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 22, 2020 and assigned Florida document number L20000214367 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bisanti Auto LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
			
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fective date, if other that in effective date is listed, the da	n the date of fiting: tte must be specific and cannot be prior to o	date of filing or more than 90 days a	ptional) fler filing.) Pursuant to 605.020
	his block does not meet the applicable the Department of State's records.	e statutory filing requirements,	this date will not be listed a
eament's circuite date on	the trepartment of State's records.		
ecord specifies a delayed ef	fective date, but not an effective time	, at 12:01 a.m. on the earlier of:	: (b) The 90th day after the
is filed.	•		•
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	Signature of a member or authorize	ed representative of a member	