## L20000251253

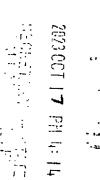
(Requestor's Name)	—
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## **COVER LETTER**

TO: Registration S Division of Co			•
AUTO ST	REET USA LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filling.	
Please return all correspo	ondence concerning this matter	to the following:	
	CHRISTOPHER COCHR	AN	
		Name of Person	
	AUTO STREET USA LLO	C	
		Firm/Company	20
	112 SPOONBILL CT		2023 OCT 17 SEGNESSES
		Address	
	JUPITER, FL 33458		, <del></del> -,
		City/State and Zip Code	
	autostreetusa@gmail.com		
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report not all:	ilication)
CHRISTOPHER COCH	RAN	561 685-0133	
Name o	f Person		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)
<u>Mailing Addres</u> Registration (		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co.	rporations
P.O. Box 632		The Centre of 1	
Tallahassee, l	rl 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUTO STREET USA 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  $\stackrel{\text{OCTOBER}}{-}$  13TH 2023 and assigned Florida document number L20000251253 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AUTOSTREETUSA LLC 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: (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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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
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		<del></del>	□Remove
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Filing Fee: \$25.00