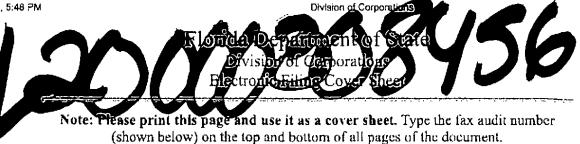
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20190000044 Phone : (407)888-3131 Fax Number : (888)453-0509

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MRM CARS EXPORTS LLC

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APR 2 1 2023

## **COVER LETTER**

TO: Registration Se Division of Cor			·			
	RS EXPORTS LLC					
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.				
	ondence concerning this matter to	_				
	ED KOTLER					
		Name of Person				
	TAX ZONE INC					
	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	Firm/Company	<del></del>			
	8865 COMMODITY CIR S					
	**************************************	Address	ng da kapin-linga peruma, ampunlika pempapi apan pekadi kilama telikiski			
	ORLANDO, FL 32819					
		City/State and Zip Code				
	ACCOUNTANT@TAXZON					
	E-mail address: (to	be used for future annual report notif	cation)			
For further information of	concerning this matter, please call	ł:				
ED KOTLER		407 888-3131				
Name o	f Person	at () Area Code Daytime	Telephone Number			
Enclosed is a check for the	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 Address:
Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

orsts.)
and assigned
•
LC" or the abbreviation "L.L.C."
ter the name of the new registere
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22
dress ;
Florida 🗢 -
Zip Code
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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 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	RAFAELA RODRIGUEZ	2216 MOUNTLEIGH TRAIL	≣Add
		ORLANDO, FL 32824	□Remove
		·	□ Change
<del></del>			_
			□ Remove
			Change
	2216 MOUNTLEIGH TRAIL	■ Add	
	ORLANDO, FL 32824	□Remove	
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Note: II	e date, if other than the date of filing:  (optional)  ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the case of the Department of State's records.
the record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	and the state of t
	Signature of a member or authorized representative of a member
	Typed or printed name of signee