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(Requestor's Name)			
(Address)	200357491322		
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)	91/07/2101008031 ++30.90		
(Document Number)			
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	2021.		
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COVER LETTER

TO: Registration S Division of Co				
	AUTOS LLC			
SUBJECT: Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Miguel E. Guzman			
		Name of Person		
		Firm/Company		
	591 Evernia St Apt 1517			
		Address		
	West Palm Beach, FL 334	01		
	7starsautolle@gmail.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report notifica-	ation)	
For further information of	concerning this matter, please c	all:		
Miguel E. Guzman		551 587-0795		
Name o	of Person	at () Area Code Daytime T	'elephone 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7 STARS AUTOS 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 $\frac{10/13/2020}{2}$ ____ and assigned Florida document number 1.20000324281 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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.

____, 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>	<u>Address</u>	Type of Action
MGR	Channel Rivas	591 EVERNIA ST	
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		Apt 1517	\ /
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. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective 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)(h) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th day after the record is filed. January 5th 2021 Dated Signature of a member or authorized representative of a member Miguel E. Guzman Typed or printed name of signee