L20000341923

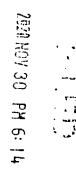
(Req	uestor's Name)	
(Add	iress)	
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(City	/State/Zip/Phone	; #)
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(Doc	ument Number)	
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COVER LETTER

Division of Cor	porations		
rs car impo	orts IIc		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Giovanni Brendan Arrinde	11	
		Name of Person	
	····	Firm/Company	
	1428 collins avenue		
		Address	
	Miami Beach		
	eliteautodealsfl@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Giovanni Brendan Arrin	dell	301 651-0182	
		at () Area Code Daytime	
Name o	f Person	Area Code Daytimo	: 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)

TO:

Registration Section

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

rs car imports lle		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	THE TOTAL STREET
The Articles of Organization for this Limited Liability Comp. Florida document number L20000341923 This amendment is submitted to amend the following:	10/28/2020	and assigned:
A. If amending name, enter the new name of the limited l	liability company here:	·
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

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
			□Add
			□Remove
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			
			□ Add
		- · · · · · · · · · · · · · · · · · · ·	□Change
		 	□ Add
			□Remove
			□ Change

				
				
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fective date, if other than the can effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	be specific and cannot be prior to tak does not meet the application.			
record specifies a delayed effective is filed.	date, but not an effective tir	me, at 12:01 a.m. on the e	arlier of: (b) The 90th	day after th
November 22,	2020			
ated	· · · · · · · · · · · · · · · · · · ·	<u>.</u> ·		
1.	red.			
	ALC: Production			
	Signature of a member or autho	rized representative of a me	nber	