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COVER LETTER

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SUBJECT:	Name of Lin	nited Liability Company	·····			
		to Automotive				
Please return all correspo	ondence concerning this matter	to the following:				
	RACIEL AVINOA					
	Name of Limited Etability Company If Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: RACIEL AVINOA Name of Person					
		0-				
	· · · · · · · · · · · · · · · · · · ·	Firm/Company				
	1551 WEST 81 ST					
		Address				
	HIALEAH FLORIDA 330	014				
	-	City/State and Zip Code				
	_					
For further information c		·	(theation)			
RACIEL AVINOA						
Name c	of Person		me Telephone Number			
Enclosed is a check for t	he following amount:					
■ 825.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy			
Mailing Addre			agetian			
Division of Corporations						
P.O. Box 632		The Centre of	Tallahassee			
Tallahassee,	ht. 32314	2415 N. Monr	oe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RACIEL AVINOA SERVICES "L.L.C (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 $\frac{10/28/2020}{10/28/2020}$ _____ and assigned Florida document number $\frac{1.20000342270}{1.20000342270}$ 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:

h

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

_. 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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sanchez Triana, Midalys rosa	10978 SW 243RD LANE HOMESTEAD, FL 33032	□Add
			■Remove
			□Change
MGR	RACIEL AVINOA	1551 WEST 81 ST. HIALEAH FLORIDA 33014	■Add
			□Remove
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Tective date, if other than a effective date is listed, the date te: If the date inserted in the cument's effective date on the	is block does n	ot meet the app	licable statuto	ng or more than 90 ry filing requiren	(optional days after filing nents, this date) g.) Pursuant e will not b	to 605.020 be listed a
ecord specifies a delayed effe s filed.	ective date, but	not an effective	2 time, at 12:0	l a.m. on the earl	ier of: (b) T	he 90th da	y after th
ed (19/22		2022					
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