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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| Office Use Only 5. C |
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COVER LETTER

| TO: Registration Division of C | | | |
|-----------------------------------|---|---|--|
| AG Ultra | a Automotive, ELC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corre | spondence concerning this matter | to the following: | |
| | Andrew Charbonneau | | |
| | | Name of Person | |
| | | Firm Company | |
| | 2275 S. Federal Highway, | | |
| | Delray Beach, FL 33483 | Address | |
| | andrewscoinsandjewelry@g E-mail address: (| City/State and Zip Code gmail.com to be used for future annual report no | otification) |
| For further informatio | n concerning this matter, please c | alt: | |
| Andrew Charbonneau | | 561 842-0107 | |
| Nair | e of Person | Area Code Dayti | ime Telephone Number |
| Enclosed is a check for | r the following amount: | | 7671 EA |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is eaclosed) | S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is cuclosed) |
| P.O. Box 6 | n Section Corporations | Street Address: Registration S Division of Co The Centre of 2415 N. Mont Tallabasses F | orporations Tallahassee roe Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AG Ultra Automotive, LLC (Name of the Liquited 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 November 9, 2020 and assigned Florida document number 1.20000355299 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Not Applicable The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Not Applicable Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Not Applicable 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: Not Applicable Name of New Registered Agent: Not Applicable New Registered Office Address: Enter Florida street address Florida Not Applicable Not Applicable City \geq 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 amiliar 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

| Title | <u>Name</u> | <u>Address</u> | Type of Action |
|-------|----------------|---------------------------|----------------|
| MGR | George McCarty | 9435 SE Cove Point Street | □Add |
| | | Tequesta, FL 33469 | ■Remove |
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Filing Fee: \$25.00