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SECRETARY OF STATE

FILED 2021 DEC 10 PH 12: 40

DocuSign*Envelope ID: F790F186-0071-4044-892D-DFDEC82071CA COVER LETTER

TO:	Registration Se Division of Cor			
		•	•	•
SUBJE	CT: TRANSAU	TTO SOLUTIONS, LLC	ited Liability Company	
		Name of Lim	ned Liaomiy Company	
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		MICHAEL O. GRANT		
			Name of Person	
		TRANSAUTO SOLUTIO	NS, LLC Firm/Company	
			TimeCompany	
		10421 SW 9TH LANE		
			Address	
		PEMBROKE PINES, FL	33025	
			City/State and Zip Code	******
		transautosolutions@gmail.c	om	
		E-mail address: (to be used for future annual report not	ification)
For furt	her information co	oncerning this matter, please co	all:	
Michae			at (954) 612-0050	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	ne following amount:		
□ \$ 25	i.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 Addres	s:	Street Address:	
	Registration S		Registration Se	ection
	Division of C		Division of Co.	marations

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

DocuSign*Envelope ID: F790F186-0071-4044-892D-DFDEC82071CA AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2021 DEC 10 PM 12: 40

SECRETARY OF STATE TALLAHASSEE, FL

TRANSAUTO SOLUTIONS, 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 Li	ability Company	were filed on 11/13	8/2020	and assigned
Florida document number L20000365858				
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company her	<u>2</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	10421 SW 9th La	ne	
(Principal office address MUST BE A STREE	T ADDRESS)	Pembroke Pines, FL 33025		
Enter new mailing address, if applicable:		10421 SW 9th La	ne	
(Mailing address MAY BE A POST OFFICE	BOX)	Pembroke Pines,		
Name of New Registered Agent:	MICHAEL (GRANT		
New Registered Office Address:	10421 SW 9th	Lane		
New Registered Office Pladress.	<u> </u>		a street address	
	Pembroke Pine		, Florida <u>3</u>	
		City		Zip Code
New Registered Agent's Signature, if changing F	legistered Agent:	-		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this control of the second of the sec	er and complete stered agent as registered office change.	performance of m provided for in Ch address, I hereby	ny duties, and I am apter 605, F.S. Oi	n familiar with and r, if this document is
	(aned by: AEL GRANT		
	SOR 388	3400004E8	t, Signature of New R	Registered Agent

DocuSign Envelope ID: F790F186-0071-4044-892D-DFDEC82071CA in amenuing 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
MGR	PAUL EASY	6617 FICUS DRIVE	□Add
		MIRAMAR, FL 33023	■Remove
			Change
AMBR	PAUL EASY	6617 FICUS DRIVE	□Add
		MIRAMAR, FL 33P23	■Remove
			Change
			□Add
			Remove
			□Add
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			□Add
			□ Remove
			□Add
			□Remove
			T Change

E. Effective date, if other than the date of filing: 12/1/2021 (optional) (If an effective date, if steel, 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) 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. Dated December 1 . 2021 . Occupance by: Occupance by: Occupance by: Support December 1 . 2021 . Suppose Signature of a member or authorized representative of a member			
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50838634D80C4E8 Signature of a member or authorized representative of a member	Dated	OccuSigned by:	
		Signature of a member or authorized representative of a member	•
MICUAGI O CDARIT		MICHAEL O. GRANT Typed or printed name of signee	

Filing Fee: \$25.00