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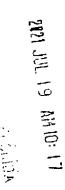
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Eiling Officer	
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COVER LETTER

Division of Cor			
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SUBJECT: <u>LCI</u>	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	KENAN NE	X Lêw W Name of Person	
	LCI AUTO LE	i.c	
		Firm/Company	
	1023 CHERRY	VACCET WAY Address	******
	ORLANDO FO	City/State and Zip Code	
		SMALLLOM to be used for future annual report notice	fication)
For further information c	concerning this matter, please co		
Name c	of Person	at (<u>407</u>) <u>334</u> Area Code Daytim	ZCGZ ne Telephone Number
Enclosed is a check for t	he following amount:		
写 \$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 Addre Registration Division of C		Street Address: Registration Se Division of Co	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

	.i.c			
(Name of the Limite	d Liability Company as it now A Florida Limited Liability Com	appears on our record pany)	<u>ts.</u>)	
he Articles of Organization for this Limited Lia	bility Company were filed	on JAN 1/2	2021	_ and assigned
lorida document number <u>Lz 60003827</u>				
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability compa	uny here:		
				···
he new name must be distinguishable and contain the wo	rds "Limited Liability Company	." the designation "LLC	."" or the abbre	viation "L.L.C."
Enter new principal offices address, if applica	ble:			
Principal office address MUST BE A STREET	ADDRESS)			
			• •	22
			- •	
Inter new mailing address, if applicable:			•	Ē
Mailing address MAY BE A POST OFFICE B				<u></u>
nutting address MAT BE A FOST OFFICE B	<u> </u>		<u>-</u>	
			-,	- 2
B. If amending the registered agent and/or re	nistared office address on	Alle racaede, antur	the nomice	- Sthomby ragic
gent and/or the new registered office address		our records, emer	the name (or the new regis
Name of New Registered Agent:	KENAN A	LEWIN		
New Registered Office Address:				
	En	ter Florida street addres	3.5	
		, Fl	orida	
	City			Zsp Code

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.

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>	Name	Address	Type of Action
Max	ALEX LEWIN		□Add
			ÆRemove
			⊠Change
			🗆 Add
			□Remove
			□Change
			□Add _
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If the date inser- nent's effective d	ted in this	block d	oes no	t meet	the applic	able stati	itory filii	ig require	ments, this o	date wi	II not be I
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d specifies a dela led.	ayed effec	tive date	. but r	iot an	effective ti	ime, at 13	2:01 a.m.	on the ear	lier of: (b)	The 9	0th day a
JULY 1	6, 200	ار	 -			 ·					
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Typed or printed name of signee