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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305)527-6617
Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CAR SOLUTION A&T LLC

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Electronic Filing Menu

Corporate Filing Menu

Help P. LEMIEUX

MAY 30 2023

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**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

CAR SOLUTION A&T 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 Liability Company were filed on 02/09/2021 and assigned
 Florida document number L21000069484

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 "L.L.C."

Enter new principal offices address, if applicable:

20874 NE 7TH PL

(Principal office address **MUST BE A STREET ADDRESS**)

MIAMI, FL, 33179

Enter new mailing address, if applicable:

20874 NE 7TH PL

(Mailing address **MAY BE A POST OFFICE BOX**)

MIAMI, FL, 33179

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:

BELLALIMA LLC

New Registered Office Address:

18501 PINES BLVD SUITE 368

Enter Florida street address

PEMBROKE PINES

Florida 33025

City

Zip 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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	CESAR AMORES	20874 NE 7TH PL	☐ Add
		MIAMI, FL, 33179	☐ Remove
			☒ Change
AMBR	ALBA TUTIVEN	20874 NE 7TH PL	☐ Add
		MIAMI, FL, 33179	☐ Remove
			☒ Change
MGR	PATRICIO AMORES	18501 PINES BLVD SUITE 365	☐ Add
		PEMBROKE PINES, FL 33029	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be "as soon as practicable.")

(If an effective date is listed, 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)(b)

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 MAY 5TH

3025

Signature of a member or authorized representative of a member

ALBA TUTTIVEN

Typed or printed name of signee