

10/27/21, 3:58 PM

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Division of Corporations

Florida Department of State

Division of Corporations

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

From:  
Account Name : SUNBIZ ONLINE LLC  
Account Number : I20210000128  
Phone : (305)244-9500  
Fax Number : (954)827-9354

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KREOL BUZZ AUTO SALES LLC**

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KREOL BUZZ AUTO SALES

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CATALINA RAMIREZ

\_\_\_\_\_  
Name of Person

SUBIZ ONLINE LLC

\_\_\_\_\_  
Firm/Company

1600 NW 128TH DR SUITE 303

\_\_\_\_\_  
Address

SUNRISE, FL 33323

\_\_\_\_\_  
City/State and Zip Code

CATALINA@SUNBIZONLINE.ORG

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CATALINA RAMIREZ

305 244-9500  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 Address:**

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

**Street Address:**

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**

KREOL BUZZ AUTO SALES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 03/09/2021 and assigned  
Florida document number L21000113022.

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:

18970 NW 27 AVE APT 303

(Principal office address MUST BE A STREET ADDRESS)

MIAMI GARDENS, FL 33056

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:

CATALINA RAMIREZ

New Registered Office Address:

1600 NW 128TH DR SUITE 303

*Enter Florida street address*

SUNRISE

*City*

Florida 33323

*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

[illegible]

[illegible]

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Dated OCTOBER 27, 2021

Darren  
Signature of a member

Signature of a member or authorized representative of a member

JEAN MARIE DARDEL, FRANCOIS

Typed or printed name of signee