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(Re	equestor's Name)	
(Ad	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

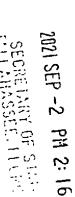
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Cast West Auto Solutions
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:
Cast wast Auto Solutions
4341 Sw 129th Avenue
Miari, Horida 33175 City/State and Zip Code
E-mail address: (to be used for fiture annual report notification)
For further information concerning this matter, please call,
Name of Person Name of Person
Enclosed is a check for the following amount:
M \$25.00 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILE[

2021 SEP -2 PH

SECRETARY OF S jmited 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 ____ Florida document number __L 21000172736 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 "LEC" or the abbreviation "L.E.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 regiagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: _, Florida _ 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 wit

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 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
(CEO)	Pauline Vizguez-Harencia	4341 Sw 129 Avenue	
change to		Hiari Florida 33175	<u>}</u> ⊋Remove
\(□ Change
Hax	Taulino Varquer-Has	sencia <u>4341 Sw 129 Au</u>	P. Toxida
		Mari +1 33175	□Remove
			Change
			□Add
Listed M	en initially filed I uself as CEO		□ Remove
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(If an effecti <u>Note:</u> If t	date, if other than the date of filing: 237 2021 (optional) ive 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 605 020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
I the record specord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated	8/20/21 A-1:5/ &
	Signature of a member or authorized representative of a member
	Taulino Vazquez-Tasencia

Filing Fee: \$25.00