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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration S Division of Co				
FLORIDA	DRIVER'S SOLUTION LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	SANDRA M MIRANDA			
		Name of Person		
	FLORIDA DRIVERS'S S	OLUTION LLC		
	-	Firm/Company		
	1695 NW 110 AVE, SUIT	E 205		
		Address		
	DORAL, FL 33172			
		City/State and Zip Code	·	
	floridadriverssolution@gm			
For further information of	concerning this matter, please c	to be used for future annual report notifall:	ication)	
SANDRA M. MIRAND	A	833 563-1900		()
Name 6	of Person	· · · · · · · · · · · · · · · · · · ·	Telephone Number	
Enclosed is a check for t	he following amount:			į
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		7
<u>Mailing Addres</u> Registration (Street Address:	tion	
Division of C		Registration Sec Division of Corp		
P.O. Box 632	27	The Centre of Ta	allahassee	
Tallahassee,	rl 32314	2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

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

FLORIDA DRIVER'S SOLUTION 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 04/15/2021 ___ and assigned Florida document number $\frac{L^21000174715}{L^21000174715}$ 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 "L.L.C." or the abbreviation "L.L.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 registered agent and/or the new registered office address here: SONIA CRUZ HERNANDEZ Name of New Registered Agent: 1695 NW 110 AVE, SUITE 205 New Registered Office Address: Enter Florida street address ___, Florida 33172 Zip Code DORAL

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.

City

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>	<u>Name</u>	Address	Type of Action
MGR	SANDRA M. MIRANDA	1695 NW 110 AVE, SUITE 205, DORAL FL 33172	□Add
			=Remove
			□Change
MGR	SONIA CRUZ HERNANDEZ	1695 NW 110 AVE, SUITE 205, DORAL FL 33172	\BAdd
			□Remove
			□Change (^)
			() _ □Add .
			□Remove
			Change ;
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Filing Fee: \$25.00