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To:

Division of Corporations

Fax Number : (859)617-5383

From:

Account Name : Y081 TECHNOLOGY,ttC Account Number : T28769660112 Phone : (487)832-7240 fax Number : (467)612-2313

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

Email Address: ACCOUNTING @ EXCELTOTAL BUSINESS. COA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AUTHORITY AUTO SALES LLC

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Corporate Filing Menu

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## **COVER LETTER**

TO:	Registration S Division of Co		•	*		
SUBJEC	~****	ITY AUTO SALES LLC				
.,,,,,,,,,,,	- * · <u></u>	Name of Lin	nited Liability Company	<del>*************************************</del>		
The encl	osed Articles of	Amendment and fee(s) are sul	omitted for filing.			
		ondence concerning this matter	_			
		ANTONIO CARDOSO				
			Name of Person			
		EXCEL TOTAL BUSINE	SS			
			Firm/Company			
		7065 WESTPOINTE BLV	D STE #301			_
			Address		3-1	7787
		ORLANDO, FL 32835			Г <del>ин</del> _22 (17 ) .нн Т	BZZ MAI 10
			City/State and Zip Code		79 Te	~
		TONY@EXCELTOTALB	JSINESS.COM		11.	
		E-mail address: (	to be used for future annual report notificat	ion)	?;,	77
For furthe	er information c	oncerning this matter, please c	all:			C
ANTONI	IO CARDOSO		407 832-7240			
	Name o	f Person	· · · · · · · · · · · · · · · · · · ·	lephone Number		
linclosed	is a check for th	ne following amount:				
<b>≡ \$2</b> 5.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	f Status &	
Ī	Mailing Addres Registration S	Section	Street Address: Registration Sectio			
1	Division of C	orporations	Division of Corpor	ations		

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUTHORITY AUTO	SALES LLC						
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now as Liability Compa	opears on our rec iny)	ords.)	<del></del>		
The Articles of Organization for this Limited Liability Company were filed on 06/02/2021					and assigned		
Florida document number 1.21000256929							
This amendment is submitted to amend the fol							
A. If amending name, enter the new name	of the limited liab	oility compan	y here:				
N/A							
The new name must be distinguishable and contain the	words "Limited Liab	ility Company,"	the designation "I	LC" or the abbrev	iation "L.1	C.	-
Enter new principal offices address, if appli	cable:	N/A					
(Principal office address MUST BE A STRE.	ET ADDRESS)				7.5 4	2022	<u>-</u>
			<del></del> -		- , :	===	_
			ï		2 - 1 2 - 1 2 - 2	$\frac{1}{2}$	•
Enter new mailing address, if applicable:		N/A				_ <del>_</del>	_
(Mailing address MAY BE A POST OFFICE	BOX)				· · ·	<u> </u>	-
			·- <u>-</u>				_
B. If amending the registered agent and/or agent and/or the new registered office address.	ess here:		ır records, <u>ent</u>	er the name of	the new	registe	re
Name of New Registered Agent:	EXCEL TOTA	L BUSINESS					_
New Registered Office Address:	7065 WESTPO						_
		Enter	Florida street ada			-	
	ORLANDO		·•	Florida 32835			_
		City		7	lip Code		
New Registered Agent's Signature, if changing	Registered Agent:	<u>!</u>					

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>	<u>Name</u>	Address	Type of Action
MGR	CARLOS WILSON P FIUZA	11036 ROBERT FROST DR	₩Add
		WINTER GARDEN, FL 34787	
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***************************************			
			□Remove
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Filing Fee: \$25.00

Typed or printed name of signee