L21000249544

(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	—
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COVER LETTER

TO:

Registration Section Division of Corporations

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**

(Name of the Limited Liability Company as	Enterprise /LLC
(A Florida Limited Liabil	it now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company were	e filed on $06 - 9 - 21$ and assigned
Florida document number <u>221000269544</u>	
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 Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>~</u>
(Principal office address MUST BE A STREET ADDRESS)	921
Enter new mailing address, if applicable:	ene P
(Mailing address MAY BE A POST OFFICE BOX)	
<u> </u>	- 55
B. If amending the registered agent and/or registered office address and/or the new registered office address here:	ess on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature if changing Degistered Agent.	Tity Zip Code

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.

MGR = Ma $AMBR = Au$	inager ithorized Member		
<u>Title</u> AMBR	Name Metra Auto ETransfort, LLC	Address 1317 Edgewater-D ORLANDO, FL 3280	Type of Action #3107 >L Add
		ORIANDO, FL 3280	14 □Remove
			□Add
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	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· 	
i effecii <u>te:</u> If i	date, if other than the date of filing:
cord s s 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 t
ed	06-10-2021.
	Signature of a member of authorized representative of a member

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