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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	LDB AUTO INVESTMENTS LLC					
SUBJECT		Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		JOSE DURAN				
	Name of Person					
		TAX 123 INC				
	FirmCompany					
	3050 DYER BLVD #442					
			Address			
	KISSIMMEE, FLORIDA 34741					
		City/State and Zip Code				
			to be used for future annual report noti	lication)		
For further in	iformation co	oncerning this matter, please co	all:			
JOSE DURAN			407 361-5900			
Name of Person			at () Area Code Daytim	e Telephone Number		
Enclosed is a	check for tl	ne following amount:				
■ \$25.00 I	filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)		
<u>Mailing Address:</u> Registration Section			<u>Street Address:</u> Registration Se	ction		
Division of Corporations			Division of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LDB AUTO INVESTMENTS 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 $\frac{06/02/2021}{2}$ _____ and assigned Florida document number $\frac{1.21000274540}{1.21000274540}$ 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." 2309 SOUTH ORANGE BLOSSOM TRAIL Enter new principal offices address, if applicable: UNIT A (Principal office address MUST BE A STREET ADDRESS) ORLANDO, FLORIDA 32805 2309 SOUTH ORANGE BLOSSOM TRAIL Enter new mailing address, if applicable: UNIT A (Mailing address MAY BE A POST OFFICE BOX) ORLANDO, FLORIDA 32805 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: New Registered Office Address: Enter Florida street address

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Carlos Eduardo Correia	2309 SOUTH ORANGE BLOSSOM TRAIL	= Add
		UNIT A	⊡Remove
		ORLANDO, FLORIDA 32805	
MGR	Eduardo Felipe De Jesus Teixeira	2309 SOUTH ORANGE BLOSSOM TRAIL	
		UNIT A	
		ORLANDO, FLORIDA 32805	_
			🗆 Add
			□Remove
			□Change
			□Remove
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

• •	tion, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
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	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (ock does not meet the applicable statutory filing requirements, this date will not be listed as t
the record specifies a delayed effective cord is filed.	edate, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated August 11	2021
	Signature of a number or authorized representative of a member
Jose Duran	Ĭ
	Typed or printed name of signee

Filing Fee: \$25.00