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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	)
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Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
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Office Use Only  $S \cdot C \cdot O8/19/24$ 



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## COVER LETTER

TO: Registration S Division of Co			
	QUINARIAS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	CARLOS BISIO		
		Name of Person	
	FASTFORWARD TRAD	ING COMPANY LLC	
	***	Firm/Company	· · · · · · · · · · · · · · · · · · ·
	1845 NW 112TH AVE S	TE 203	
		Address	
	MIAMI, FLORIDA 3317	2	
		City/State and Zip Code	
	INFO@FASTFWDUS.CO	M to be used for future annual report notific	
For further information of	concerning this matter, please o	-	canony
CARLOS BISIO		786 4956610	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		C
	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	8
Registration Section		Registration Sect	
Division of Corporations		Division of Corpo	
P.O. Box 632		The Centre of Ta	
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**AUTOMAQUINARIAS 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 06/30/2021 and assigned Florida document number L21000301915 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." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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.

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	<b>Type of Action</b>
MGR	DORDEVIC NUNEZ, EDUARDO	1845 NW 112TH AVE, STE 203	
		MIAMI, FLORIDA, 33172	□Remove
MGR	DIAZ DELGADO, PAOLA R	1845 NW 112TH AVE, STE 203	□Add
		MIAMI, FLORIDA, 33172	□Remove
			=Change
MGR	VIDAL SANCHEZ, KATHERINE	1845 NW 112TH AVE, STE 203	
		MIAMI, FLORIDA, 33172	□Remove
			€Change
MGR	ROMERO NUNEZ, GUILLERMO	1845 NW 112TH AVE. STE 203	
		MIAMI, FLORIDA, 33172	□Remove
			≅Change
MGR	MERINO ASCARRUNZ, ROBER	1845 NW 112TH AVE, STE 203	
		MIAMI, FLORIDA, 33172	Remove
			N ⊆ Change
		<del> </del>	□Add
			□Remove
			Change

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	11.11.5	Y 29	T -	$\frac{1}{2}$		<i>_</i>		
	11.11.5	Y 29	Signature of a	member or auth	norized represent	ative of a member		

Filing Fee: \$25.00