## L21000301915

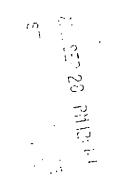
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## **COVER LETTER**

		ation Sec n of Corp	ction porations		
SUBJEC		JTOMAÇ	UINARIAS LLC		
SUBJEC	J1;		Name of Lim	nited Liability Company	
The encl	osed Ari	ticles of /	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all	correspor	ndence concerning this matter	to the following:	
			CARLOS BISIO		
				Name of Person	
			FASTFORWARD TRADI	NG COMPANY LLC	
				Firm/Company	
			1845 NW 112 TH AVENU	JE STE 203, MIAMI FLORIDA	
				Address	
			33172		
				City/State and Zip Code	****
			info@fastfwdus.com		···
For furth	er infor	mation co	neerning this matter, please of	to be used for future annual report not all:	inication)
				at ()	<u></u>
		Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed	l is a che	eck for the	: following amount:		
■ \$25.0	00 Filing	g Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Address		Street Address:	
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		ox 6327		The Centre of	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**AUTOMAQUINARIAS LLC** 

ADM SEP 28 PM 12: 14:1

	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
(/1	r kinda cininea Diaininy Company)	· · · · · ·
The Articles of Organization for this Limited Liabi	lity Company were filed on 06/30/2021	and assigned
Florida document number L21000301915		
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L,C."
Enter new principal offices address, if applicabl	c:	
(Principal office address MUST BE A STREET A	1DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
		enter the name of the new registe
Name of New Registered Agent:		enter the name of the new registe
gent and/or the new registered office address h		
Name of New Registered Agent:	ere: Enter Florida street	address , Florida
	ere:	address
Name of New Registered Agent:	ere:  Enter Florida street  City	address , Florida

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
AMBR	KATHERINE VIDAL SANCHEZ	1845 NW 112TH AVENUE STE 203	
		MIAMI, FLORIDA 33172	
			■Change
AMBR	ROBERTO C MERINO ASCARRI	1845 NW 112TH AVENUE STE 203	
		MIAMI, FLORIDA 33172	□Remove
			<b>■</b> Change
AMBR	PAOLA R DIAZ SALGADO	1845 NW 112TH AVENUE STE 203	□∧dd
		MIAMI, FLORIDA 33172	□Remove
			■ Change
AMBR	GUILLERMO ROMERO NUNEZ	1845 NW 112TH AVENUE STE 203	□Add
		MIAMI, FLORIDA 33172	□Remove
		<del></del>	■Change
			□Add
			□ Remove
			□Change
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Effectiv	e date, if other than the da	te of filing:		(optional)	
If an effect <u>Note:</u> If	tive date is listed, the date must be the date inserted in this block it's effective date on the Depa	specific and cannot be pridoes not meet the app	licable statutory filing req	an 90 days after filing.) Pursu	ant to 605.0207 of be listed as t
			•••		
e record rd is file	specifies a delayed effective da d.	ate, but not an effective	time, at 12:01 a.m. on th	e earlier of: (b) The 90th	day after the
S Dated	EPTEMBER 21	2021	<b>~</b> ~		
izaicu _		· D			

Typed or printed name of signee