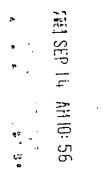


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Special Instructions to	Filing Officer:	
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09/14/21--01020--020 **25.00





COVER LETTER

Division of Corporations Namastay LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jenny Countz Name of Person ZenBusiness Inc Firm/Company 5511 Parkcrest Dr., Suite 103 Address Austin, TX 78731 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jenny Countz Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Namastay LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company	were filed on <u>07/14/2021</u>	and assigned
Florida document number 1.21000321665		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
Cars For Workers LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	1314 E Las Olas Blvd	
Principal office address MUST BE A STREET ADDRESS)	1523	
	Fort Lauderdale, FL 33301	
Enter new mailing address, if applicable:	1314 E Las Olas Blvd	eter t
Mailing address MAY BE A POST OFFICE BOX)	1523	<u> </u>
	Fort Lauderdale, FL 33301	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the n
egistered agent and with the new registered white interests inch	<u>¢</u> ; ∈	· cn
Name of New Registered Agent:	Ţ	
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Florida	
	City	Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	MCDANIELS, TYLER	1314 E Las Olas Blvd	
		1532	
			□ Remove
		Fort Lauderdale, FL 33301	☐ Change
			
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fective date, if other than the d in effective date is fisted, the date must b	ate of filing:	Anti of Olion or more those	(optional)	remont to 605 00
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cument's effective date on the Dep	partment of State's records.			
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record specifies a delayed The 90th day after the reco		an enective time, a	it 12.01 a.III. DII	the carrier
sted September 10	2021	_•		
/s/ Tyler McDaniels		ized representative of a me		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00