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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sc Division of Cor			
	MALL,LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALDIN BAJRIC		
		Name of Person	
		Firm/Company	
	710 72ND AVE N		
		Address	
	SAINT PETERSBURG/FL	ORIDA/33702	
	USAUTOMALL19@GMA	City/State and Zip Code	
	E-mail address: ()	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
ALDIN BAJRIC		727 550-6416	
Name o	f Person	at () Area Code Daytime '	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing 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)
Mailing Addres Registration S		Street Address: Registration Sect	ion
Division of C		Division of Corp	
P.O. Box 632	7	The Centre of Ta	Hahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U.S AUTOMALL, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp. Florida document number 1.21000363950	any were filed on AUGUST.	13TH 2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	n "LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records,	enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	Enter Florida street	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of my dut as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Add
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			□Change
			□Add
			□ Change
·	··		□∧dd
			Change

TO MANAGER OR MANAGI	ING MEMBER
	
	
	
	be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.020 k does not meet the applicable statutory filing requirements, this date will not be listed a
ord specifies a delayed effective of filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
OCTOBER 8TH	2021
	7 <u></u>
Si	ignature of a member or authorized representative of a member