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(Re	questor's Name)	
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Certified Copies	Certificates	of Status
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COVER LETTER

	Registration Sec Division of Corp			9,
	777 AUTO GROUP. LLC			
SUBJEC	T: <u>* * </u>	Name of Limi	ited Liability Company	
The enclo	sed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspor	ndence concerning this matter	to the following:	
		LYUBOMIR GEORGIEV		
			Name of Person	
		777 AUTO GROUP, LLC		
			Firm/Company	~
		1077 INNOVATION AVE	, UNIT 109	
			Address	<u> </u>
		NORTH PORT, FL 34289		
			City/State and Zip Code	
		LGEORGIEV_AIA@YAH		
			to be used for future annual report notifi	(catton)
For furthe	er information co	oncerning this matter, please co	ill:	
LYUBO	MIR GEORGIE	V	941 726 - 1747 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.0	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 Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee 2 Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

777 AUTO GROUP, LLC	and Linkston Comm	it non annant on our	roomed.)
(<u>Name of the Lim</u>	(A Florida Limited	i <mark>ny as it now appears on our</mark> Liability Company)	recorus.)
The Articles of Organization for this Limited I	iability Company	were filed on <u>08/13/2021</u>	and assigned
Florida document number L21000364543	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREET ADDRESS)		N/A	~ ?
		N/A	
			:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
		N/A	
		N/A	
B. If amending the registered agent and/or agent and/or the new registered office address.	ess here:	address on our records,	enter the name of the new regis
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A	p . 22 . 1	
		Enter Florida stree	
	N/A		, Florida <u>N/A</u>
		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>	Address	Type of Action
VP	ZORNITSA GEORGIEV		□Add
		2190 SNOVER AVE., NORTH PORT, FL 34286	=Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove .:' □ Change
			□Add
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	DECI	EMBER 25TH, 2	022		
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cord specifies a delayed effective date	, but not an effec	ctive time, at 12:0	La.m. on the earl	ier of: (b) The 9	0th day after the
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DECEMBER 25TH	2022				
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Filing Fee: \$25.00

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