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A. RIVERS NOV 6 2023



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ud, 24y23-m01020-m035 - **25,02

COVER LETTER

	ration Section on of Corporations	
	7 AUTO GROUP LLC	
SUBJECT:	Name of Lit	mited Liability Company
The enclosed Ar	rticles of Amendment and fee(s) are su	abmitted for filing.
Please return all	correspondence concerning this matte	er to the following:
	LYUBOMIR GEORGIE	v
		Name of Person
	777 AUTO GROUP LLC	
	.	Firm/Company
	1077 INOVATION AVE	E., UNIT 109
		Address
	NORTH PORT, FL, 342	89
		City/State and Zip Code
	LGEORGIEV_AIA@YA	
		: (to be used for future annual report notification)
For further info	rmation concerning this matter, please	call:
LYUBOMIR G	EORGIEV	941 726-1747 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a ch	neck for the following amount:	
■ \$25.00 Filin	ng Fee	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Regis Divis P.O. I	ag Address: stration Section ion of Corporations Box 6327 hassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

mpany as it now appears of ted Liability Company)	<u>a our records.</u>)	
any were filed on08/1	3/2021	and assigned
iability company here:		
iability Company," the desig	mation "LLC" or the abb	reviation "L.L.C."
N/A		
2 <u>N/A</u>		<u> </u>
N/A		
N/A		
N/A		
N/A		
		of the new regis
Enter Florida		
	, Florida	/A
	any were filed on	N/A N/A N/A N/A N/A N/A ice address on our records, enter the name

New Registered Agent's Signature, if changing Registered Agent:

777 AUTO GROUP LLC

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	2190 SNOVER AVE, NORTH PORT, FL,34286	= Add
			□Remove
			□Change
			□Add
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			□ Change
			□Add
			□Remove
			□Change
			□Add
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