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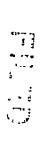


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COVER LETTER

TO: Registration Se Division of Cor	ection rporations			
	NG AUTO SALES LLC			
SUBJECT:				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	YAMIL CAPACCIO			
	· · · · · ·			
ROAD KING AUTO SALES LLC				
Firm/Company				
	5835 FUNSTON ST			
	·	Address		
	HOLLYWOOD FL 33023			
	-	City/State and Zip Code	·· ···	
	YAMILCAP@GMAIL.CO		(0)	2021
	E-mail address: (to be used for future annual report notifica	tion) Po	五
For further information of	concerning this matter, please ca	all:		7024 FEB 12
		at ()	(07)	T. :
Name (of Person	at ()	elephone Number (17)	14 8: 45
Enclosed is a check for t	he 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 Sta Certified Copy (additional copy is er	tus &

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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

ROAD KING AUTO SALES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 8/27/2021 and assigned Florida document number L21000385332 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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.

New Registered Agent's Signature, if changing 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>	Type of Action
MBR MGR	GERMAN MARTINEZ	5920 DEWEY ST	□ Add
		HOLLYWOOD FL 33023	□Remove
			■Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			Change
			Remove-
			FATE Gehange
***************************************			🗖 Add
			□Remove
			Change
			🖸 Add
			⊟Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (o Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated FEBRUARY 20 2024 Signature of a member or authorized representative of a member YAMIL CAPACCIO Typed or printed name of signee