L21000453577

	(Requestor's Name)	
 	(Address)	
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	(City/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL MAIL
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	(Document Number)	
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COVER LETTER

Division of Corporations				
SUBJECT:	Dn	Point A	HO GYOUP I	LLC.
		ranc or isto	med Daining Company	
The enclosed Articl	es of Ame	ndment and fee(s) are sub	omitted for filing.	
Please return all cor	тesponden	ce concerning this matter	to the following:	
			_	
	_	Carn	Name of Person	
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For lurtner informa	non conce	rning this matter, please o	an.	
Came	7	LIVRYA	at (786) <u>627</u> – Area Code Daytime	9640
C C	ame of Pers	son	Area Code Daytime	e Telephone Number
Enclosed is a check	for the fol	llowing amount:		
S25.00 Filing F	ee □] \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
		Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(400	(additional copy is enclosed)
Mailing Address:		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2012 (... 17 1: 1: 08 ON POINT AUTO GROUP 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 10 18 31 Florida document number <u>L21000453577</u> 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 "L.L.C." 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: _____, Florida __

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

Title	Name	Address	Type of Action
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D. Mamen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	e date, if other than the date of filing:
If the record record is file	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 d.
Dated _	October 12 2022
	(mal)
	Signature of a member or authorized representative of a member
	Carmen Rivera Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00