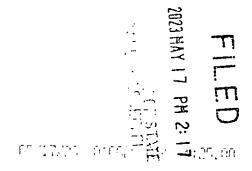
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corpor		, 7	·
SUBJ	ect: <u>On</u>	Pour A Name of Limite	orto acop	UC.
The er	iclosed Articles of Am	endment and fee(s) are subm	sitted for filing.	
Please	return all corresponde	ence concerning this matter to	the following:	
		Danie	Name of Person)
		on Pom	A Auto gro	up LLC
		14084 5	SW 139th C	+
			City/State and Zip Code	3186
		1-heapouto	o be used for uture annus report not	anal com
For f	urther information con	cerning this matter, please ca	_	
<u>C</u>	Daniel F	. Brito	at (786) 63 Area Code Daytin	1 — 9640 ne Telephone Number
Encl	osed is a check for the	following amount:		
Œ.	\$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 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

Ca Point	Autu	group)	<u> </u>	/	
(<u>Name of the Limite</u>)	I Linbility Company V Florida Limited Lia	ns it now appears on o ulity Company)	ur records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L210004</u>		ere filed on <u>it</u>	18/31	and assig	ped
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited fiabilit	y company here:			
The new name must be distinguishable and contain the wor	rds "Limited Liability	Company," the designal	tion "LLC" or the a	abbreviation "L.L.	C."
Enter new principal offices address, if applical	ble:				
(Principal office address MUST BE A STREET	ADDRESS)			202	
Enter new mailing address, if applicable:	-			3 HAY 17 4	
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u> _			면 31ATE SFE - TL	
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office add here:	ress on our record	s, <u>enter the nan</u>		egistered
Name of New Registered Agent:	Dani	el Bri	10		
New Registered Office Address:	<u>14084</u>	Enter Florida stre	39th rei address	ct	
	<u></u>	City	Florida	33\8 Zip Code	36

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>	Name	Address	Type of Action
wh	Jessenia rech	wi. 14084 SW 13971	<u>`</u> d □Add
		whi 14084 SW 13979 — Mami, Fl 331	(Memove
			(Change
want	Taniel F. Brito	14084 SW 139Th	Add
		miam. F1 33186	
			🗆 Add
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		•	Change

. If amei	iding any other information, enter change(s) here: (Attach additional sheets, if necessary)
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-	A.
(If an eff Note:	ve date, if other than the date of filing: (optional) (optional)
the recontrol	d 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 ed.
Dated	may, 17th, 2023.
	Signature of a member or authorized representative of a member
	- Th
	Typed or printed name of signee

Filing Fee: \$25.00