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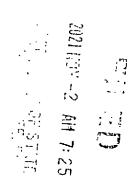
(Requestor's Name)
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(Address)
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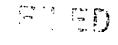
TO:

Registration Section

Division of Cor	porations			
SUBJECT: MICH AU	TO BROKER, LLC			
3000ECT	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MICHELET MESIDOR			
	Name of Person			
	MICH AUTO BROKER.	LLC		
		Firm/Company		
	14004 NW 19 AVE.			
	-	Address		
	OPALOCKA FL 33054			
		City/State and Zip Code		
	MR.MESIDOR@YAHOO E-mail address: (COM to be used for future annual report not	ification)	
For further information of	oncerning this matter, please c	·		
MICHELET MESIDOR		786 260-1924		
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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



2021 NOV -2 AN 7: 25

MICH AUTO BROKER, 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 10/27/2021 Florida document number L21000466578 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: Enter Florida street address _, Florida __ City

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 _____ □Remove _____ □Change ______ Remove _____ □Remove _____ Change _____ □Change _____ □Add

1-	NEED TO CHANGE THE TITLE FROM PRESIDENT (P) TO Manager (MGR)
_	
_	
_	
_	
_	
_	
_	
an effect ote: If	e date, if other than the date of filing: 10/20/2021 (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.026 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at 's effective date on the Department of State's records.
record s is filed	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
ited	OCTOBER 29, 2021

Filing Fee: \$25.00