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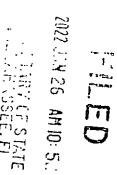
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COVER LETTER

Division of Carpa	rations		
овиест: Оп	Way Aut	Lomobile used Luability Company	
	/ Name of Lim	sted Liability Company	
he enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
lease return all correspond	ence concerning this matter	to the following:	
	Joshu	ia Ademola	٨
		Name of Person	
		Firm-Company	
	2844 5	W 81st Ter 1	Anit 2850
	· · · · · · · · · · · · · · · · · · ·	Address	
	Mirama	City/State and Zip Code W+08 © CMM (1) to be used for future spirmal report notifica	5
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	()newayor	to be used for future admiss report notifice	CUN .
or further information conc	erning this matter, please or		,
Joshua	Adurola	at (104) 982	5114
Name of Pe	erson	Area Code Daytime T	elephone Number
nclosed is a check for the f	ollowing amount:		
EV\$25.00 Filing Fee	S30 00 Filing Fee & Certificate of Status	555 00 Filing Fee & Certified Copy (additional copy is cockeed)	☐ \$60 00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

TO: Registration Section

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

()ne Way Automo	bue
(Name of the Limited Linbility Compac (A Florida Limited L	n as il non appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 21 000495919</u>	were filed on Justin Adurla and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
Old Prints	_ L (
The new name must be distinguishable and contain the words "Limited Liabili	· . · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:	2844 SW 81st Ter
(Principal office address MUST BE A STREET ADDRESS)	Unit 2850
	Miramar FL 33025
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2844 SW 81St Ter mit 2850 Miramar FL 33025
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
يدن الملاح ()	ma Aduvola Sw 81st Tev mut 2850
New Registered Office Address: 6844	timer Florida street address
Mirama	W 53305 Horida 33025
New Registered Asset's Signature of changing Desistant Asset.	City Zip Code

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 hability 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>l'itle</u>	Name	Address	Type of Action
<u>MGR</u>	Joshna Alwola		\[\] \
			⊡Remove
			□Change
			□Remove
			□Change
			🗆 Add
			🗀 Remove
			Change
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ilf an efi Solei	ive date, if other than the date of filing;
record is fi	
Dated	01/18/2022
	- John S
	Signature of a member of authorized representative of a member
	Joshua Hdewsla

Filing Fee: \$25.00