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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate:	s of Status
Special Instructions to f	Filing Officer:	
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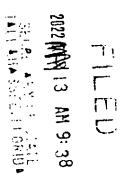


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COVER LETTER

Step One	Automotive CH BS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Logan Parker		
		Name of Person	
	Bass Sox Mercer		
		Firm/Company	
	2822 Remington Green Ci	rcle	
		Address	
	Tallahassee, Florida 32308	3	
	lparker@dealerlawyer.ccon	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Logan Parker		850 878-6404 at ()	
Name	of Person		: Telephone Number
Enclosed is a check for	the 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 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

Step One Automotive CH BS, LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limited	nany as it now appears on our records.) I Liability Company)		
The Articles of Organization for this Limited Liability Companies Florida document number 4.21000504521	y were filed on November 30, 202	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	bility 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)	***	202	
		2	
		夏	
Enter new mailing address, if applicable:		SSI LO	
(Mailing address MAY BE A POST OFFICE BOX)		2	
		و پرچ	
		38	
B. If amending the registered agent and/or registered office	address on our records, enter the	name of the new registere	
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Floric	la	
	City	Zip Code	

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 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
MGR	Fernando Arellano Geddes	696 Beal Parkway Northwest	🗀 Add
		Fort Walton Beach, Florida 32547	■Remove
			Change
MGR	William A. Sauls II	696 Beal Parkway Northwest	≣Add
		Fort Walton Beach, Florida 32547	□Remove
			□ Change
			□ Add
			□Remove
			Change
			□Add
			Remove
		·	□Change
			□Remove
			Change
			
			□Remove
			Change

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Loven Parker	Signature of member or authorized representative of a member	
LOPAR CALKUI	Logan Parker	

Filing Fee: \$25.00