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COVER LETTER

TO:	Registration Se Division of Cor				•
	Suarez Sale	s Group LLC			
SUBJE	ECT:	N	5 112 195 0		
		Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Ivan Suarez			
			Name of Person		_
			Firm/Company		_
		2801 sw 77th ct			
			Address		_
		Miami, Florida 33155			
		ivaner305@gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report notif	fication)	
For fur	ther information c	oncerning this matter, please ca	all:		
Ivan Su	ıarez		33155 786-306-154	3	
Name of Person		at () Area Code Daytime	e Telephone Numbe	<u> </u>	
Enclose	ed is a check for th	ne following amount:			
≣ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &

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

Suarez Sales 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 $\frac{01/04/2022}{1}$ and assigned Florida document number _____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Out the Door Auto Club LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 257 Seaboard Avenue Unit #90 Venice, FL 34285 U.S. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 2801 sw 77th ct MIAML FL 33155 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_. Florida __

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
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			□Remove
			□ Add
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ffective date, if other than t an effective date is listed, the date i	he date of filing: nust be specific and c	annot be prior to d	ate of filing or more th	(option :	al) ne 1 Pursuant to 605 0207
lote: If the date inserted in this	block does not me	eet the applicable	statutory filing rec	uirements, this d	ate will not be listed as
ocument's effective date on the	Department of Sta	ate's records.			
recard enecities a deleved etter	live date, but not a	in effective time,	at 12:01 a.m. on th	e earlier of: (b)	The 90th day after the
record specifies a delayed effect is filed.					
d is filed.					
i is filed. October 16th		2023			
d is filed.	,	2023			
i is filed. October 16th		2023			
i is filed. October 16th	Signature of a mo		d representative of a	member	