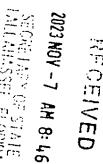


Office Use Only



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11/07/23--01001--005 **25.00



COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: 10 P	Class H	ted Liability Company		
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return all correspon	dence concerning this matter t	o the following:		
	AFAF	FArhat Name of Person		
	Top clas	S Auto LLC Firm/Company		
	202 W J	efferson st		
	TODCHOS E-mail address: (t	City/State and Zip Code OD (o be used for future annual report noti	Lass Auto22@gn	na.l.com
For further information co	ncerning this matter, please ca	dl:		
AFAFFAr Name of	ha+ Person	at (351) 559 Area Code Daytim	2324 e 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

TOD Cla	SAH	ollC			
(Name of the Limited I	Liability Company as Florida Limited Liabili	it now appears on our ry Company)	records.)		
The Articles of Organization for this Limited Liabi	ility Company were	filed on	7- <u>7 5</u>	and assigned	1
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liability	company here:			
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	le:	ompany," the designatio	on "LLC" or the abbrev	iation "L.L.C."	
Enter new mailing address, if applicable:	_)23 KOV	
(Mailing address MAY BE A POST OFFICE BC	<u> 2X)</u>				·
B. If amending the registered agent and/or reg agent and/or the new registered office address	 istered office addr here:	ess on our records	, enter the name o	f the new res	gistered
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida stre	et address		
			, Florida		
		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 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>	<u>Name</u>	Address	Type of Action
AMBR	Massim, Claude of	n 2925 Cates Ave Tall FT.	□Add
			DKemove
			🗆 Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			🗆 Remove
			Change
			□Add
			□Remove
			Change

	
r.cc.	ing data if athematica the Jose of Climan
If an ef Note:	ive date, if other than the date of filing: ective 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 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records.
e reco rd is f	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 led.
Dated	<u>11-7-23</u> ,
	AFOR IC COAT
	AFAFFA HAT Signature of a member or authorized representative of a member AFAFFA HAT Typed or printed name of signee

Filing Fee: \$25.00