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22 APR -6 PM 3: 32

T. MATTHEWS APR 2 1 2022

COVER LETTER

TO:

Registration Section Division of Corporations

	D DEALER LLC			
SUBJECT:	Name of Limi	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:		
	RICARDO LUCCAS			
		Name of Person		
	SRF AUTO DEALER LLC	2		
		Firm/Company		
	1601 NW 22 CT # J21-22			
		Address		
	POMPANO BEACH FL 3	3071		
		City/State and Zip Code		
	rdmbookkeepingservice@gr			
	E-mail address: (to be used for future annual report notifi	cation)	
For further information of	concerning this matter, please ca	all:		
RICARDO LUCCAS		781 443-2789		
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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 enclo	
Mailing Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

SRF AUTO DEALER LLC

22 APR -6 PM 3: 32

(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 02/01/2022 and assigned 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 registerec 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

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	<u>Address</u>	Type of Action
MBR	ABIBE ARANHA FILHO, SERGI	1601 NW 22 CT #J21-22	□ Add
		POMPANO BEACH, FL 33071	■Remove
			□Change
			□Add
			□Remove
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ffective date, if other than the da	04/01/2022 ate of filing:	(optional)
an effective date is listed, the date must be	e specific and cannot be prior to date of files to does not meet the applicable statute	ling or more than 90 days after filing.) Pursuant to 605.0207 (ory filing requirements, this date will not be listed as t
record specifies a delayed effective d l is filed.	ate, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The 90th day after the
MARCH 31st	2021	
died	note Turnal	· .
753.00	gnature of a member or authorized repres	

Typed or printed name of signee