L22000108179

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u> </u>
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CORPORATE ACCESS, _

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

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		WA	ALK IN		
	P	ICK UP:	6/2 LYNES	_	
XX XX	CUS	AMEND	os .		— —
1.	WEST HUB AUTO S. (CORPORATE NAME AND DO				
2.	(CORPORATE NAME AND DO	OCHMENT #)			
3.	(CORPORATE NAME AND DO				
4.	(CORPORATE NAME AND DO	OCUMENT #)			
5.	(CORPORATE NAME AND DO	OCUMENT #)			
6.	(CORPORATE NAME AND DO	OCUMENT #)			
SPECIA INSTRU	AL JCTIONS:				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN -2 AM 10: 32

West Hub Auto Sales LL C.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were formed document number $\angle 22000108179$	filed on $\frac{03-02-2022}{\text{and assigned}}$
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 C	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 registered agent and/or the new registered office address here:	address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
-	, Florida
Cit	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 heing 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

Title	<u>Name</u>	Address	Type of Action
PMGR	Manuel E Ramírez	17345 Riverstone Dr Lutz	FL,33558
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		Manuel ERamírez	

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