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(Requestor's Name)	_
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: <u>BBA</u>	RVIS onc	1 Auto Sale ted Liability Company	
	mendment and fee(s) are submence concerning this matter t		
	Ruelan	Name of Person	
	324 Cardif	Firm/Company	
	-	Address Ly FL 32 4 C City/State and Zip Code	
For further information cor	E-mail address: (t	o be used for future annual report notifiall:	cation)
Doyret Ro Name of I	Driegue Z	at (727) 510 - Area Code Daytime	7231 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	(2-\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	<u>.</u>	Street Address:	etion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

FileD.

2022 JUL -8 PM 3: 45

imited 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 ______ 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: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LEC" 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _____, Florida ______ Zin 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>	Address	Type of Action
AMBR	Buzlan Radriguez	324 Cordeff Cart Ponoma City	□ Add
		FL 32404	□Remove
			& Change
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Note: 1	re date, if other than the date of filing:
e record rd is tile	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 d.
Dated_	7-8-22
	Delovorodova 77 Signature of a member or authorized representance of a member
	Dayzeli Rodrigue