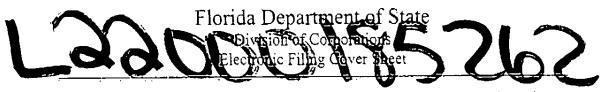
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : OLIVA TAX AND FINANCIAL SERVICES LLC

Account Number : I20230000130 Phone : (786)355-0627 Fax Number : (305)883-0610 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELITE CARS MOTORS LLC

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Estimated Charge	\$25.00

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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE CARS MOTORS LLC		
(Name of the Limited Liability C (A Florida Lu	loninany as it now appears on our records.) inted [iubility Company]	
	pany were filed on 05/04/2022	and assigned
Florida document number L22000185262	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	It is submitted to amend the following: g name, enter the new name of the limited liability company here: If the distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation or the abb	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	or the abbreviation "U.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	'S)	
		12/4 8
		Sign H
Enter new mailing address, if applicable:		8 T
(Mailing address MAY BE A POST OFFICE BOX)		1 m
B. If amending the registered agent and/or registered of	lice address on our records, enter the	e name of the new registered
agent and/or the new registered office address here:	· ·	7.4
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Florie	da
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent;

I hereby occept 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 603. 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

Title	Name	Address	Type of Action
AMBR	MARVIN MADUENO	8290 LAKE DRIVE, APT 117	
		MIAMI, FL 33166	□ Remove
			□ Change
			⊡Add
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ecord specifies a delayed effective is filed.	date, but not an effective tin	se, at 12:01 a.m. on the	eartier of: (b) The 90th day	after úv
JANUARY 31ST	2025			
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