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COVER LETTER

	ration Section on of Corporations			
	Dash	Cars	110	
SUBJECT: _		Name of Lir	nited Liability Company	
The enclosed A	rticles of Amendment	and fee(s) are sul	bmitted for filing.	
Please return all	l correspondence conc	erning this matter	r to the following:	
		Melis	sa Bude man	
		<u> </u>	MFO LLC Firm/Company	
	27	00 _ S _	Commerce Parky	way suite 100
		West	City State and Zip Code	
	^		Man Pemerald fan (to be used for flittire annual report not	
-		E-mail address:	(to be used for future annual report not	inication)
For further info	rmation concerning th	iis matter, please (call:	
Melis	Sa Bude Name of Person	lman	at (d54) 385 Area Code Daytin	5 - UY93
Enclosed is a ch	neck for the following	amount:		## CO ## 2
5 €\$25.00 Fili		0 Filing Fee & ificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis	ng Address: stration Section ion of Corporation Box 6327	18	Street Address: Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. Dash Cars LLC	
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Company were filed on	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here LC LC The new name must be distinguishable and contain the words "Limited Liability Company." the designment of the limited Liability Company.	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	C
(Mailing address MAY BE A POST OFFICE BOX)	3
multing data coa military to or very coa ways	(.
· ··· ·	r.
B. If amending the registered agent and/or registered office address on our reco agent and/or the new registered office address here:	ords, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida	i street address
	, Florida Ziv Code
Cin:	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 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
			□Add
		<u> </u>	□Remove
			_ Change
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ective date, if other	r than the date of filing the date must be specific and	cannot be prior to date	of filing or more than 9	(optional) 0 davs after filing.)	Pursuant to 605.02
<u>te:</u> If the date inscrte	ed in this block does not n	neet the applicable s	tatutory filing require	ments, this date t	will not be listed
	te on the Department of S	nate's records.			
rument's effective da					
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cord specifies a delay	yed effective date, but not	an effective time, a	(12:01 a.m. on the ca	rlier of: (b) Tho	90th day after th
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	22	2023	(12:01 a.m. on the ea		90th day after th

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