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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	⊋#)
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Centificates	s of Status
Special Instructions to	Filing Officer:	
	J. HORN	NE.
	JUL 29	2022

Office Use Only



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TALLAHAS SEEL FLORIDA

RECEIVED
2022 JUL 29 PH 3: 41

2022 JUL 29 PH 3: 46

COVER LETTER

TO: Registration Section

Division of Cor	porations	•	
SUBJECT: K&	C E x Q U1 517 Name of Lim	Lability Company	Group LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>Kevin</u> V	1. Mosc 5 Name of Person	
	KGC GXQ	Uisife Automoti	We Group CCC
	5023 Her	Address	<u></u>
	Orlando,	City/State and Zip Code 10 10 Caron Da Granto be used for future annual report not	
	Kcecuton E-mail address:	notice acoust to grant to be used for future annual report not	4//, (Om ification)
For further information of	oncerning this matter, please c		
Kevin M.	M0505 (Person	at (<u>UO7</u>) <u>701</u> Area Code Daytin	5596 ne Telephone Number
Enclosed is a check for th	ne 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 enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	7	The Centre of	•
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number <u>1770002390</u> 39	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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.

Cirv

Zip Code

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	Address	Type of Action
mar	Kevin M. Moses	5023 Hernandes de	⊒Add
			□Remove
			□ Change
	·		□ Add
			ПРетюче
			□Change
			□Add
			⊡Remove
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Note: If the	ate, if other that date is listed, the da date inserted in t effective date on	his block does r	not meet the ap	plicable statuto	ing or more than 90 ry filing requires	(optional) days after filing.) nents, this date v	Pursuant to 605.0207 will not be listed as
		sp					
record spe	cifies a delayed ef	Tective date, but	t not an effecti	ve time, at 12:0	1 a.m. on the ear	licrof:(b) The	90th day after the
			<u> </u>	 ·			
		1/2 1	na				
Dated	4	Signature of	of a member or	authorized repres	entative of a memi	ver .	