L22000 237-672

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COVER LETTER

	Registration So Division of Co					
CUD ICA	T: Name of Limited Liability Company					
SUBJEC						
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		JUAN A TOVAR TOVA	₹			
		 -	Name of Person			
		JIT CARS LLC				
			Firm/Company			
	8115 DALDWIN MANOR CT					
			Address			
		ORLANDO, FL 32821				
			City/State and Zip Code			
		j_alberto_t_@hotmail.com				
			to be used for future annual report no	tification)		
For furth	er information of	concerning this matter, please c	ali:			
JUAN A TOVAR TOVAR		407 4528075 at ()				
	Name (of Person	Area Code Daytii	ne Telephone Number		
Enclosed	l is a check for t	he 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 Addre		Street Address: Registration Se	ection		
Registration Section Division of Corporations				Registration Section Division of Corporations		
	P.O. Box 632	27	The Centre of	Tallahassee		
	Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JIT CARS LLC (Name of the Limited 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 $\frac{05/21/2022}{1}$ Florida document number _____L22000237672 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 "LLC" or the abbreviation "LLC." 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

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

. Florida _

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
MGR	Jorge A Hernandez Miranda	19 South 3050 Station Square Blvd Apt 2208	□Add
		Kissimmee, FL 34744	≣Remove
			□Change
		_	🗆 Add
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	09/11/202	22	(optional)	
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