L22000280773

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COVER LETTER

TO: Registration Secu Division of Corp			_
SUBJECT:	J.B. Same of Limite	A uto SA (ed Liability Company	LES LLC
The enclosed Articles of A	mendment and fee(s) are subm	utted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	JERRY DE	SSACINES Name of Person	
• *	JB& PA	HO SALES C	<u>Lc</u>
•	540~57	ATE RD 43	y STE24
		City/State and Jap Code	r
	,	be used for liture annual report notifi	cation)
<u> </u>	SSA (WEV Person	II: at (<u>786</u>) <u>514 · 9</u> Area Code Daytime	5-0-7 Telephone Number
Enclosed is a check for the	e 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

U/S (Name of the Limited Liability Compa	ES CC (our records.)		
(A Florida Limited L	hability Company)			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{22-280773}{}$	were filed on	<i>96/20</i> 2	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	nation "LLC" or the		_
Enter new principal offices address, if applicable:			7 22 22 22 22 22 22 22 22	
(Principal office address MUST BE A STREET ADDRESS)			- <u> </u>	
			2	-
			A .	[11]
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		·		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, <u>enter the na</u>	ime of the new reg	istered
Name of New Registered Agent:			·····	
New Registered Office Address:				
	Enter Florida	street address		
		, Florida		
	City		Zyr Corle	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	v duties, and I ar apter 605, F.S. C	m familiar with and Dr. if this document	đ

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 AMBR JERRY DESSALINES 540 N STATE 74) 434 STE 24

ALTAMONTE SPRINGS FL 32714 AMBR PASCAL VOLCIMUS 540 N STATE RD 434 STE 24

ALTAMONTE Springs FL 32714

Remove □ Change _____ □Remove □Change

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Note: If the di	e, if other than the is listed, the date materials in this before the listed in this before the listed and the listed in the listed and the l	block does not me	et the applicable	te of filing or more than statutory filing requ	(optional) 190 days after filing.) Pu irements, this date wil	rsuant to 605.0207 (I not be listed as (
record specif d is filed.	ies a delayed effect	ive date, but not a	n effective time,	at 12:01 a.m. on the	earlier of: (b) The 9)th day after the
Dated	24/21)22				
	1 11/2 1	s / /.	suff			
<u> </u>	<u> </u>	Stignature of a me	ember or authorize	d representative of a m	ember	

Filing Fee: \$25.00