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COVER LETTER

L22000408	835		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	GIOVANNI BRENDAN A	RRINDELL	
		Name of Person	
		Firm/Company	
	1428 COLLINS AVE MIA	MI BEACH FL 33139	
		Address	
	CARXPOFL@GMAIL.CO	City/State and Zip Code M	
	E-mail address: (to be used for future annual report notif	ication)
or further information c	oncerning this matter, please ca	all:	
HOVANNI BRENDAN	ARRINDELL	786 865-0589	
Name o	f Person	at () Area Code Daytime	e 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)

Registration Section Division of Corporations P.O. Box 6327

Mailing Address:

TO:

Registration Section
Division of Corporations

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>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number	ompany were filed on 9/19/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable:		3
(Mailing address MAY BE A POST OFFICE BOX)	****	:-
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	e name of the new register
		7.
Name of New Registered Agent:		
New Registered Office Address:	12 (2) 14	
	Enter Florida street address	
		da

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

<u>Title</u> MGR	Name Franklin Dasilva-Teixeira	Address 430 Madison ave Elizabeth, NJ,07201	Type of Action
			□Change
			□Add
			□Remove
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f an eff Note:	ive date, if other than the date of filing:	ant to 605.0207 of be listed as t
record d is til	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th ed.	day after the
	12/15/23	
	Signature of a member or authorized representative of a member	