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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

SUBJECT: First Stop Auto Croup LC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Frances M Phopas Name of Person	
Firm/Company	
13404 STOCKOT+ Ave	2023 F
Othordo Fl 32827 City/State and Zip Code	2025 FEED 21
managemente Preststopautograp. Com Vi-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	111
Fron Ces M Rojos at (407) (055.9388 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Status &
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ito Group UC

(A Florida Lim	nited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on Sepler	Wer 27, 2022 an	id assigned
Florida document number 122000419970			
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 designati	on "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>		
	- · · · · · · · · · · · · · · · · · · ·		<u>. </u>
Enter new mailing address, if applicable:			ω) Τέι Το (
(Mailing address MAY BE A POST OFFICE BOX)			2
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		1115	= '
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records	, enter the name of th	e <u>new registered</u>
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			
	Enter Florida stre	et address	
		Florida	
	City	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

<u>Title</u>	<u>Name</u>	Address Type of Action	
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	J	Lakeway Texas 78738	Remove
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ective date, if other t effective date is listed, the ie: If the date inserted ument's effective date	date must be specific and this block does not t	d cannot be prior to oneet the applicable			ing.) Pursi		
cord specifies a delayed s filed.	l effective date, but not	t an effective time	, at 12:01 a.m. on th	ne earlier of: (b)	The 90th	ı day afl	ter the
ed 2 16 2023	Signature of a	member or authoriz	ed representative of a	member			