L22000426463

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Registration Section

TO:

Division of Cor	porations			
	tomotive Group, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
	Amendment and fee(s) are sub	-		
	Fernando A. D'roa			
		Name of Person		
		Firm Company		
	7220 S US Hwy 17-92			
		Address		
	20			
	info@driversautogroup.con	City/State and Zip Code		2024 JAN -3 MAID: 09 CERTATE C
	E-mail address; i	to be used for future annual report notif	ication)	ယ်
For further information e	oncerning this matter, please c	all:		SSS R
Fernando A. D'roa		321 945-9769 at ()		STATE OF OR
Name o	f Person		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)	Certified	e of Status &
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Corp The Centre of Ta	porations	
Tallahassee, f	FL 32314	2415 N. Monroc		10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Drivers Automotive Group, 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 $\frac{10/03/2022}{10/03/2022}$ and assigned Florida document number L22000426463 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.

. 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	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Alejandro Figueroa	5441 Carrara Cu	
		Saint Cloud, FL, 34771	 ≅ Remove
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cord specifies a delayed effective d s filed.	te, but no	t an effecti	ve time, at	12:01 a.m. o	ı the earlier	of: (b) - T	The 90th da	ay after the
December 5th		, 2023						
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Typed or printed name of signee