# LZ30000ZI565

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#### **COVER LETTER**

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

	Registration Se Division of Cor					
SUBJEC		UTO SALES LLC				
SOBJEC.	· · · <u> </u>	Name of Limi	ted Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please re	turn all correspo	ondence concerning this matter t	o the following:			
		ALEXANDRA SIERRA-D	E VARONA			
			Name of Person		-	
DE VARONA LAW						
					-	
4800 N FEDERAL HWY STE D-104					202 S.E.	
	2023 KAR 13					
	BOCA RATON, FL 33431					
		asd@devaronaław.com	City/State and Zip Code			
		<del>-</del>	be used for future annual report notifica	tion)	AH 9: 36	
For furth	er information o	oncerning this matter, please ca	11:			
Alexand	ra Sierra-De Var	rona	561 600 9070			
	Name o	f Person	at () Area Code Daytime To	elephone Number	·	
Enclosed	is a check for th	ne following amount:				
<b>■</b> \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
	Mailing Addres Registration S		Street Address: Registration Section	on		

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ILUMIA AUTO SALES 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  $\frac{01/10}{2023}$ and assigned Florida document number 1.2300021565 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ROLANDO PAIZ	9013 OUTLOOK ROCK TRAIL	
		WINDERMERE, FL 34786	Remove
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	Signature o	if a pember or ac	thorized representa	tive of a member		$\frac{2}{\omega}$
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