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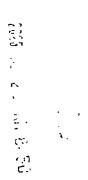
A. RIVERS

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09/22/23--01027--007 **60.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Prescott Auto Sales LLC 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:
Christian & Fabiola Prescott
Prescott Auto Sales LLC
11416 Rapallo Ln
Windermere FL 34786 City/State and Zip Code
Henrescotts 123 agmail, com Elmail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Fabiola Prescott at 407, 729-1278 Name of Person Area Code Daytime Telephone Number Christian Prescott 407-952-0958
Christian Prescott 407-952-0958
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ★\$60.00 Filing Fee. Certificate of Status Certified Copy 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**

11

Yrescott Aut	o Sales LLC
(<u>Name of the Limited Liability Co</u> r (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparing the Laboratory of the Laboratory of the Articles of Organization for this Limited Liability Comparing the Laboratory of the La	any were filed on Ol 12/23 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4429 Parkbreeze Ct
(Principal office address MUST BE A STREET ADDRESS	Orlando, FL 32808
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same 1
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent: Fab	iola Prescott Reyes :
New Registered Office Address: 4420	Par Horecze C+ 3.
01/0	Florida FL 37808 Zip Code
New Registered Agent's Signature, if changing Registered Age	ent.

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 = Aut	thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR/	Fabiola Prescott	Reyes 11416 Rapallo 1 Windermere, FL 347	<u>n</u> Zádd
Omice		Windermere, FL 347	½ □Remove
			Change
AHBR	Christian Presco	H 11416 Rapallo Ln Windermere, FL 34	_&xdd/Adjus
		Windermere, FL 34	78 Remove
			Change
			□Add
			□Remove
			□Change
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			□Change
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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'an effe Vote:	we date, if other than the date of filing:
record Lis file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated _	Sept. 14th 3 1 2023. What The Signature of a member or authorized representative of a member
	Fabiola Prescott-Reges