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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	AUTO LLC Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Fetzyerald Vanderhorst La	вна	
	***************************************	Name of Person	
	CAVALI AUTO LLC		
		Firm/Company	
	9601 Recycle Center RD #	#1 ())
		Address	:
	Orlando FL 32824		
		City/State and Zip Code	
	Cavalibroker@Cavalibroke	2	
	E-mail address: (to be used for future annual report noti	fication)
For further information e	oncerning this matter, please c	all:	
Fetzyerald Vanderhorst Luna		407 515-5295	
Name o	l'Person	at () Area Code Daytim	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)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
i ananassec, i	। • अ क्षेत्र । च	Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAVALI AUTO LLC

(Name of the Lin	tited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Florida document number 1.2300005239	Liability Company were filed on $\frac{\epsilon}{2}$	01/30/2023 and assigned
This amendment is submitted to amend the fo	Howing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	E BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our ess here:	records, enter the name of the new regis
Name of New Registered Agent:	Vanderhorst Luna Fetzyerald	
New Registered Office Address:	9601 Recycle Center RD #10	
		orida street address
	Orlando	, Florida 22824
	Ciņ	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 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>	Address	Type of Action
MGR	Fetzyerald Vanderhorst Luna	9601 Recycle Center RD # 10 Orlando.F1, 32824	□Add
			□Remove
AMBR	Juan Alberto Abreu Valdez	9601 Recycle Center RD # 10 Orlando,F1, 32824	🗆 Add
			□Remove
			Change
			🗆 Add
	<u> </u>	□Remove	
	:	□Change	
			□Remove
			□Change
			DAdd
			□Remove
		□Change	
			🗆 Add
			□Remove
			🗆 Change

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