## L23000 84679

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(Document Number)
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a) Instructions to Filing Officer:

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## **COVER LETTER**

TO: Registration S Division of Co			
	AT AUTO LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and feets) are sub	omitted for filing,	
Please return all corresp	ondence concerning this matter	to the following:	
	MARIO GUERRERO		
		Name of Person	
	MARIO'S AT AUTO LLC		
	, , , , , , , , , , , , , , , , , , , ,	Firm/Company	
	3298 NW 6TH STREET		
		Address	······································
	OKEECHOBEE, FL 3497	2	
	<del>-</del>	City/State and Zip Code	
	MARIOSATAUTO@GMA	IL.COM to be used for future annual report not	(fication)
For further information	concerning this matter, please c		TELLINATI
MARIO GUERRERO		863 623-7186	
Name	of Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for	the following amount:		
Ell \$25.00 Filling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of G		Registration Se Division of Cor	
P.O. Box 63	•	The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F. 30

MARIO'S AT AUTO ELC		2023 MAR -6 AM 8: 42
( <u>Name of the Limited Liabili</u> (A Florid	ty Company as it now appears on our rec Limited Liability Company)	
(A Florid: The Articles of Organization for this Limited Liability C	company users filed on 02/16/2023	TALL
	ompany were med on	and assigned
Florida document number 1.23000084679	<u>—</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	ited Liability Company," the designation "l	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OF FICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>en</u>	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
A	Enter Florida street ado	Iress
		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 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
AR	ERICKA RIOJAS	3298 NW 6TH STREET	🖂 Add
		OKEECHOBEE, FL 34972	
			☐ Change
AMBR	MARIO GUERRERO	3298 NW 6TH STREET	
		OKEECHOBEE, FL 34972	Remove
			□ Change
			□Add
			□Remove
			□Change
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lf an eifecti <u>Note:</u> - If	date, if other than the ive date is listed, the date must the date inserted in this ble t's effective date on the De	the specific and cannock does not meet t	the applicable stati			
e record s rd is filed	pecities a delayed effective	edate, but not an e	ffective time, at 11	2:01 a.m. on the ear	lier of: (b) The 90th c	day after the
Dated	3 6-23	·	·			
		Ma A	,			
		A -/ - /- / -				
		Signature of a memb	er or authorized rep	resentative of a meml	per	<del></del>