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TALLARIASSEE, FL

COVER LETTER

TO: Registration Section

Division of Corporations

Tallahassee, FL 32314

JOSE & AI	BERTO AUTO SALES LLC		
	Name of Lim	ited 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:	
	JOSE LUIS COTTO		
		Name of Person	
		Firm/Company	- ,,,,,
	PO BOX 144493		·
		Address	
	CORAL GABLES, FL331		
	joseluiscotto@gmail.com	City/State and Zip Code	
	- -	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
JOSE LUIS COTTO		305 588-2290	
Name o	f Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check for the	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 Address		Street Address:	nation
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOSE & ALBERTO AUTO SALES LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company lorida document number $\frac{1.23000103298}{1.0000103298}$.	were filed on <u>FEBRUARY 27, 20</u>	23 and	l assigned
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liab	pility company here:		
WEALTHMACÓ AUTO GROUP LEC			
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	or the abbreviation	n "L.L.C."
Inter new principal offices address, if applicable:	1756 N BAYSHORE DR		
Principal office address MUST BE A STREET ADDRESS)	АРТ 15 Ј	· · · · · · · · · · · · · · · · · · ·	
The partition of the state of t	MIAMI, FL 33132	2024 JAN	
nter new mailing address, if applicable:	PO BOX 144493	AN 26 LABAS	, p .
Mailing address MAY BE A POST OFFICE BOX)	CORAL GABLES, FL 33114		
		75 F	
			

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.

Cirv

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
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			□Remove
			□Change
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ın effect	live date is listed, the d	date must be specifi	c and cannot be pri	or to date of filing c	r more than 90 da	(optional) is after filing.) Pur	suant to 605,0207
	the date inserted in it's effective date or	i this block does i	not meet the appl	icable statutory f	lling requiremen	ts, this date will	not be listed as
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