# L23000104344

(Rec	questor's Name)	
(1767	questor s (varrie)	
(A-II.	3	
(Add	iress)	
(Add	dress)	
(City	//State/Zip/Phone	: #)
_	_	
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doo	cument Number)	
(3.2.	,	
Certified Copies	Certificates	of Statue
Certified Copies	Certificates	Or Status
Special Instructions to F	Filing Officer:	
!		

Office Use Only



300407605783

2020 MAY THE PM IC: SU

2023 MAY 14 PH 12:

RECEIVED

A CUI CR MAY 18 2023

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

114 Pander's Printing - Tham saylie GA BDC

TAMPA BAY AUTO GROUP LLC	_ _
Please Debit I20000000257 For: 25	
Thank you Seth Neeley	
Atta/	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Рhого Сору
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: SETH 05/15	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC    Retrieval
Walk-In Will Pick Up	Courier

#### **COVER LETTER**

	AY AUTO GROUP LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Hiraigelis Gomez		
		Name of Person	<u>.                                  </u>
		Firm/Company	<del></del>
	4952 E Hillsborough Ave		
Address			
	Tampa, FL 33610		
	yanisleyf@yahoo.com	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
Hiraigelis Gomez		813 377-5417	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section Division of Corporations

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

TAMPA BAY AUTO GROUP LLC

2023 HAY IL PM 12:30

(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 Compan	y were filed on 02/27/2023	and assigned
Florida document number L23000104344		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7510 Exter Way Tampa, FL 3	33615
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	7510 Exter Way Tampa, FL 3	33615
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		- MARIAN
New Registered Office Address:		
	Enter Florida street addre	NNS.
	, F	lorida
	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>	Name	Address	Type of Action
MGR	Jose M Carrasquillo Rivera	7510 Exter Way Tampa, FL 33615	<b>=</b> Add
			□Remove
			□Change
MGR Hiraigelis Gomez	Hiraigelis Gomez	4952 E Hillsborough Ave Tampa FL 33610	
			■Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
		□Remove	
			□Change
	<del></del>	🗆 Add	
			□Remove
			□Change

. II amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
_	
_	
_	
	<del>~~</del>
_	
_	
_	
_	
_	
_	
_	
(If an effective Note: I	te date, if other than the date of filing:
he record ord is 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 d.
Dated _	
	Hiraigelis Gomez
	Signature of a member or authorized representative of a member
	Hiraigelis Gomez
	Typed or printed name of signee

Filing Fee: \$25.00