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COVER LETTER

TO:

Registration Section

Divisio	on of Cor	porations			
	ISION CA	ARS LLC			
SUBJECT:		Name of Lin	ited Liability Company		
The enclosed A	rticles of	Amendment and fee(s) are sub	omitted for filing.		
Please return al	Leorrespo	ndence concerning this matter	to the following:		
		LUIS MIGUEL GONZAL	.EZ		
			Name of Person		_
		VISION CARS LLC			
			Firm/Company		_
		5252 NW 85TH AVE AP	Γ 1107		
			Address		181 -
		DORAL, FL 33166			3 SEP
		USTUEMPRESA@GMAII	City/State and Zip Code		P-5 AMID: 34 ETARY OF STATE LAHASSEE FL
			to be used for future annual report n	otification)	SSS = =
For further info	rmation c	oncerning this matter, please c	all:		or 34 E. F.L
LUIS MIGUEL	. GONZA	LEZ	786 849-9937		1-1
	Name of	f Person	Area Code Days	ime Telephone Numb	er
Enclosed is a cl	ieck for th	ne following amount:			
■ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	cate of Status &
	i <mark>g Addres</mark> stration S		Street Address: Registration 5	Section	
Divis	ion of C	orporations	Division of C	orporations	
	Box 632 hassee. I	7 11. 32314	The Centre of 2415 N. Mon	Fraffahassee roe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VISION CARS LLC			
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	ds.)
The Articles of Organization for this Limited I	Liability Compa	ny were filed on 03/17/2023	and assigned
Florida document number L23000137466	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited li	ability company here:	
NA			
he new name must be distinguishable and contain the	words "Limited Lia	ability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	NA	
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		NA	SECRETARY
(Mailing address MAY BE A POST OFFICE BOX)			SSEE S O.
B. If amending the registered agent and/or agent and/or the new registered office address.	• •	e address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:	FRANCISCO) J GARCIA	
New Registered Office Address:	1530 SW 109	OTH AVE APT 107	_
		Enter Florida street addre.	NN .

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.

PEMBROKE PINES

Francisco Garcia

____, Florida 33025 Zip Code

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	FRANCISCO J GARCIA	1530 SW 109TH AVE APT 107	= Add
		PEMBROKE PINES, FL 33025	□Remove
			□Change
AMBR	LUIS MIGUEL GONZALEZ	5252 NW85TH AVE APT 1107	□Add
		DORAL, FL 33166	≣ Remove
			□Change
AMBR	LUIS FELIPE GONZALEZ	5252 NW 85TH AVE APT 1107	□Add
		DORAL, FL 33166	≘ Remove
			□ Change
NA	NA	NA	□Add
		SECRI	2023 Stemoses
		LLAHAS:	Change
NA ———	NA	NA MS	
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Effect	tive date, if other than the date of filing: -	NA		(opti	onal)	
lf an ef	Tective date is listed, the date must be specific and car. If the date inserted in this block does not mee	nnot be prior to detailed by	ate of filing or more statutory filing ra	than 90 days after confrements, thi	r tiling.) Pursuant to 6 is date will not be li	05.0207 sted as t
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