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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	MPORT 555 LLC Name of Limit	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Beatriz Stein		
		Name of Person	
	DAHOFF IMPORT 555 L	LC	
		Firm/Company	2023 SEC TY
	293 E Bay Cedar Cir		SEP
		Address	-6
	Jupiter, FL 33458		2023 SEP -6 PH 9: 57 SECRETAINY OF STATE TALLAHASSEE, FL
		City/State and Zip Code	
	beastein1973@gmail.com		1 - 1
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Beatriz Stein		561 202-4510 at ()	
Name of Person		Area Code Daytim	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: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Se Division of Co The Centre of	rporations Fallahassee
Tallahassee, FL 32314		2415 N. Monro Tallahassee, FI	be Street, Suite 810 L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UAHOTT IM POS	rt 1055	nears on our records \	
(Name of the Limited Liability (A Florida	Limited Liability Compar	iy)	
The Articles of Organization for this Limited Liability Co. Florida document number 123000 16 683	ompany were filed on \underline{S} .	03-31-2023	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company	v here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," t	he designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR.	ESS)		
		TAL.	2023 SE
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		24 <u>27</u> 7 24	On thirties
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on ou	r records, enter the name o	f the new registered
Name of New Registered Agent:		<u>-</u>	
New Registered Office Address:	Enter .	Florida street address	
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance ent as provided for i	of my duties, and I am fam n Chapter 605, F.S. Or, if t	iliar with and his document is
	If Changing Registered	Agent, Signature of New Registe	ered 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	Alexandra Hoffmann	1702 SW Ardmore St, Port St Lucie, FL 34953	= Add
			□Remove
		 .	□Change
MGR	Beatriz Stein	293 E Bay Cedar Cir, Jupiter FL 33458	
			🗆 Remove
			🗆 Change
MGR	GREGORY J DABOIN		🗀 Add
		1702 SW Ardmore St, Port St Lucie, FL 34953	■Remove
			□Change
			🗆 Add
		TALLARY OF S SEE:	Change
		FIATE	☐ Add 7
			□Change
			□Add
			Remove
			□Change