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COVER LETTER

TO: Registration Se Division of Cor			
	MOTORS USA GROUP LLC		
SUBJECT:	Name of Lim	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:	
	ANDRE SARRA		
		Name of Person	
		Firm/Company	
	4103 PAPAYA RD	, ,	
		Address	-
	ORLANDO, FL 32822		
		City/State and Zip Code	
	ANDRE,MULTITRA@GM		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	itication)
ANDRE SARRA		689 777-5432	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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:	ection
Registration : Division of C		Registration Se Division of Co	
P.O. Box 632	2.7	The Centre of	Γallahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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LUXURY MOTORS USA GROUP	LLC		
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our rec Liability Company)	cords.)
The Articles of Organization for this Limited Lia Florida document number 1.23000167109	ability Company	were filed on <u>04/04/2023</u>	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	uility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	4103 PAPAYA ROAD	
(Principal office address MUST BE A STREE		ORLANDO,FL 32822	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	4103 PAPAYA ROAD ORLANDO,FL 32822	
B. If amending the registered agent and/or r agent and/or the new registered office addres	egistered office ss here:	address on our records, <u>er</u>	iter the name of the new registered
Name of New Registered Agent:	ANDRE SARF	RA	
New Registered Office Address:	4103 PAPAYA	A RD	
new negistered office Address.		Enter Florida street ac	idress
	ORLANDO		, Florida <u>32822</u>
		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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	PEDRO,KOOL MODESTO SARR	9218 NORTHLAKE PKWY 101 ORLANDO, FL	
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ective date, if other than the o	late of filing:		(optional)
effective date is listed, the date must	be specific and cannot be prior	to date of filing or more than	90 days after filing.) Pursuant to 605.02 rements, this date will not be listed
ument's effective date on the De			chiche, and date will not be indeed
	date, but not an effective ti	me, at 12:01 a.m. on the e	earlier of: (b) The 90th day after th
s filed.			
, AUGUST 25	2023		
ed		<u> </u>	
	Andre -		
	Signature of a member or auth	orized representative of a me	mber

Filing Fee: \$25.00