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Division of Corporations

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Account Number : I20200000147

Phone

: (786)307-2733

Fax Number

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### **COVER LETTER**

From: +19544207118 (TAX S PRO)

	egistration Se Ivision of Cor			
SUBJECT		AUTO SALES LLC		
SOBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ım all correspo	ndence concerning this matter	to the following:	
		ANWAR I PUELLO		
			Name of Person	
		TAX S PRO CORP		
			Firm/Company	<del></del>
		8030 PINES BLVD		
			Address	<del></del>
		PEMBROKE PINES , FL	33024	
			City/State and Zip Code	
		INFO@TAXSPRO.COM		
		E-mail address: (	to be used for future annual report noti	fication)
For further	information c	oncerning this matter, please ca	all:	
ANWAR	I PUELLO		786 3072733	
	Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is	s a check for th	ne following amount:		
<b>≅ \$25</b> .00	) Filing Fee	□ \$30.00 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)
	Ialling Addres	<del>_</del>	Street Address: Registration Se	ection
	Division of C		Division of Co	
P	O. Box 632	7	The Centre of T	Γallahassee
T	`allahassee, l	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## **ARTICLES OF AMENDMENT** TO ARTICLES OF ORGANIZATION

From: +19544207118 (TAX S PRO)

PANAMA AUTO SALES LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L23000218689</u>	ompany were filed on 05/03/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	YESS)	20 75
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	
		<del></del>
		25
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	i office address on our records,	enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	<u> </u>	, Florida
	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 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
AMBR	RICHARDS, JONATHAN P	1521 SW 87TH TERR	□Add
		PEMBROKE PINES , FL 33025	≣Remove
			Change
			□Adđ
			□Remove
			□Add
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		· · · · · · · · · · · · · · · · · · ·	□Remove
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			Change
			□Adđ
			Remove
			☐ Change

To: +18506176383

EIN # 92-3890048	nation, enter change(s) here: (Attach additional sheets, if necessary.)
·	
Effective date, if other than the (If an effective date is listed, the date money). If the date inserted in this I document's effective date on the	ne date of filing:  (optional)  must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
ne record specifies a delayed effect ord is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 10/02	2023
	Signature of a member or authorized representative of a member
IODGE A LANGSON	
JORGE A JAMIESO:	N (AMBK) Typed or printed name of signee