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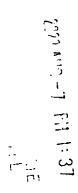
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COVER LETTER

Registration Section Division of Corporations

TO:

SURJECT: ST	AUTOS LLC				
30BEC1	Name of Lim	nited Liability Company			
The enclosed Articles of a	Amendment and fec(s) are sub	mitted for filing			
Please return all correspon	ndence concerning this matter	to the following:			
	José f	ARA'MBULA Name of Person			
	SJ AU1	Firm/Company			
	18580 E COLO	Address			
	ORLANDO /FL	/ 32820 City/State and Zip Code	·;		
	LUCAS © SJ E-mail address: (AUTOSEL · COM to be used for future annual report i	notification)		
For further information co	oncerning this matter, please c	all:			
Soje A Name of	RÁMBULA Person	at (<u>626</u>) <u>274</u> Area Code Day	6795 time Telephone Number		
Enclosed is a check for th	e following amount:		111		
⋦ \$25,00 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)		
Mailing Address: Registration Section Division of Corporations		Street Address Registration Division of C	Section Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SJ AUTOS	LLC			
S5 AUTOS Name of the Limited	Liability Company : A Florida Limited Liab	as it now appears on our ulity Company)	records.)	
The Articles of Organization for this Limited Lial	bility Company we	re filed on <u>05/05</u>	5/2023	and assigned
Florida document number <u>L_23000 22 4098</u>	<u>}</u> .			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabilit	y company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liability (Company," the designation	in "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applical	ble: _			
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>		<u> </u>	الا مسر الا
	_			.)
				. ;
Enter new mailing address, if applicable:				1
(Mailing address MAY BE A POST OFFICE B	- 0 <i>X</i> 1			1.2
				. (3
	_			1.1
B. If amending the registered agent and/or regagent and/or the new registered office address		ress on our records,	enter the nan	ne of the new registere
Name of New Registered Agent:		ARAMBULA		
New Registered Office Address:	6899 LUC	CA ST Enter Florida stree.	t address	
	CGUALAO		. Florida	32819
		Cin	Florida	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.

f 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
AR	TEIXEIRA, RODRIGO	6999 LUCCAST, ORLANDO, FL 328	IS □Add
			Remove
			□Change
AR	REZENDE, LUCAS	6899 LUCCA ST , ORLANDO , FL, 3281	<u>9</u>
			Remove
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