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COVER LETTER

ŤΟ:	Registration Se Division of Cor			
		M USA LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of	AM USA LLC Name of Limited Liability Company If Amendment and fee(s) are submitted for filing. Sondence concerning this matter to the following: Michael J Mosher Name of Person CAR TEAM USA LLC Firm/Company 9217 CRESTVIEW CIRCLE Address PALM BEACH GARDENS FLORIDA 33412 City/State and Zip Code MICHAEL-MMOSHER@HOTMAIL.COM E-mail address: (to be used for future annual report notification) concerning this matter, please call: 1561 172-85-85 Area Code Address Daytime Telephone Number the following amount: \$\inc \$30.00 \text{ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} Street Address: Street Address: Street Address:		
		Michael J Mosher		
			Name of Person	
		CAR TEAM USA LLC		_
			Firm/Company	7073
		9217 CRESTVIEW CIRC	LE	SEP (
			Address	·
		PALM BEACH GARDEN	NS FLORIDA 33412	
			City/State and Zip Code	3
		-		• • •
		E-mail address: (to be used for future annual report not	ification)
For furt	her information c	oncerning this matter, please c	all:	
MICHA	AEL MOSHER			
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	he following amount:		
■ \$25	6.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Registration Se Division of Co The Centre of	rporations Tallahassee oc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on our records.) ited Liability Company) oany were filed on 05/18/2023 and assigned
pany were filed on and assigned
•
liability company here:
Liability Company," the designation "LLC" or the abbreviation "L.L.C."
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Studet 71 34997
23 SEP 29 AM ECRETALLY HAVES
က်((တ ာ ice address on our records, <u>enter the name of the new registe</u>
Enter Florida street address
City , Florida Zip Code
<u></u>

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 Quthorized 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
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			□Remove
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ffective date, if other than the date of an effective date is listed, the date must be spe	f filing:	date of filing or more than	(optional) 20 days after filing.) P	ursuant to 605.0207
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