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(Requ	uestor's Name)	
(Addı	ress)	
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(City/	State/Zip/Phon	e #)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Busi	ness Entity Nar	me)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Wednesday, September 27, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment

For: CALE AUTO IMPORT, LLC

We have included payment in the amount of \$25,00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	porations					
SUBJECT: <u>CALE AU</u>	ITO IMPORT LLC		•			
SUBJECT: <u>UALL AU</u>	Name of Limit	ed Liability Company				
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.				
	ndence concerning this matter t					
	Corpora	ate Maintenance Lea	ad			
		Name of Person				
	Proc	essing Department				
		Firm/Company		202 SEI		
	1	450 Vassar St		3 OC CRE	F ***	
		Address				
	Reno, NV 89502					
		City/State and Zip Code	<u> </u>	2023 OCT -3 AM 10: 24 SECRETARY OF STATE TALL APPRESED FE		
				F# 2		
		to be used for future annual report notifi	(ation)	• * •		
For further information of	oncerning this matter, please ca	all:				
Process	ing Department	at (800) 638-2320				
Name o	of Person		Telephone Number			
Enclosed is a check for the	he following amount:					
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status					
Regist Divisi	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	n			
	Sox 6327	Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TO IMPORT, LLC	
(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 05/19/23	and assigned
Florida document number L23000247920		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	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 ADDRES	<u> </u>	
		30C
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		The court
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, <u>e</u> ss here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida street address	
	Flori	
	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, 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>	<u>Address</u>	Type of Action
MGR	Edwin Fernandez	29 Se 10Th St	Acki
		Deerfield Beach, FL 33441	☑ Remove
			Change
MGR	Edwin Anthony Fernandez	29 Se 10Th St	
		Deerfield Beach, FL 33441	☐ Remove
			Change
MGR	Laura Miguelina Fernandez	29 Se 10Th St	
		Deerfield Beach, FL 33441	Remove
			Change
			SEC 23
			Remove
			The state of the s
			☐ Remove
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record The 90t	specifies a de h day after th	elayed effective se record is file	: date, but no d.	t an effective	time, at 17	2:01 a.m. (on the e	earlier o
ted S	September 27		2023					
			17/1					
		// -	- // -	- 50				

Page 3 of 3

Filing Fee: \$25.00