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SECRETARY OF STATE

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COVER LETTER

TO:	Registrati Division o							
CUD IE		ENCHANCEMENT CARS PRO LLC						
SUBJEC	~1: <u></u>	Name of Limited Liability Company						
The encl	osed Articl	les of Ai	mendment and fee(s) are sub	mitted for filing.				
Please re	eturn all co	rrespond	lence concerning this matter	to the following:				
			ALEJANDRO PICHARDO	0				
Name of Person								
ACCOUNTING CENTER OF ORLANDO LLC								
Firm/Company								
1706 E SEMORAN BLVD SUITE 103								
			APOPKA,FL 32703					
City/State and Zip Code								
APICHARDO@ACCOUNTINGORL.COM								
			E-mail address: (to be used for future annual report noti	fication)			
For furth	er informa	ition con	cerning this matter, please ca	all:				
ALEJANDRO PICHARDO)	407 5747340 at ()				
	N	Name of F	erson	Area Code Daytim	e Telephone Number			
Enclosec	l is a check	k for the	following amount:					
≣ \$ 25.	.00 Filing F	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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ENCHANCEMENT CARS PRO LLC

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(Name of the Limited Liability Company as it now appears on our records ECRETARY OF STATE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on $\frac{06/06/2023}{1}$ and assigned Florida document number <u>L230002</u>75050 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ENHANCEMENT CAR PRO LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ___, Florida ___

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.

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Typed or printed name of signee