L23000275720

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COVER LETTER

TO:	Registration Se Division of Cor			₹
SUBJE	SHOWRO	OM AUTO TRANSPORT LL	 C	
30000	C1	Name of Lin	nited Liability Company	
The enci	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Maria D Hemandez		
			Name of Person	
		SHOWROOM AUTO TR	ANSPORT LLC	
			Firm/Company	
		16911 SW 301ST ST,		
			Address	
		HONESTEAD, FL 33030		
			City/State and Zip Code	
		regulatory@finocompany.c		
		E-mail address: (to be used for future annual report not	tification)
For furth	er information c	oncerning this matter, please o	all:	
Maria D	Hernandez		346 5677815	
	Name o	f Person		ne Telephone Number
Enclosed	l is a check for th	ne following amount:	:: · · ·	
≘ \$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 Addres Registration S Division of C P.O. Box 632	Section forporations 7	Street Address: Registration Se Division of Co The Centre of	rporations
	Tallahassee, I	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHOWROOM AUTO TRANSPORT LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records ed Liability Company)	<u>,</u>
The Articles of Organization for this Limited Liability Compa	any were filed on 06/07/2023	and assigned
Florida document number L23000275720		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS		073
		3
		:0
Enter new mailing address, if applicable:		C J
(Mailing address MAY BE A POST OFFICE BOX)	, <u> </u>	
Mulling duaress HAT BE A TOST OF FICE BOX		
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>enter t</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	ridaZip Code

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

Title	Name	Address	Type of Action
AMBR	Alberto Garcia Ceballos	16911 SW 301ST ST, HOMESTEAD, FL 33030	= Add
			□Remove
			Change
			□Add
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			□Change
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	tive date, if other than the date of filing: (optional) (fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
(If an ei <u>Note:</u>	receive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
(If an et Note: docur	. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
(If an et Note: docur	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
(If an ed Note: docur he reco ord is f	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.

Filing Fee: \$25.00