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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : IDEAS CARVAJAL LLC

Account Number : 120220000006 Phone : (321)333-5565 Fax Number : (407)565-5637

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address plasse. **

Pmail:	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J & TAUTO SALES ORLANDO LLC

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COVER LETTER

	egistration Se vision of Con			
SUBJECT		O SALES ORLANDO LLC		
SUBJECT	· <u></u>	Name of Lin	nited Liability Company	
The enclose	d Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please retur	m all correspo	ondence concerning this matter	to the following:	
		MARIANA GARCIA		
			Name of Person	
		# & T AUTO SALES ORI	LANDO LLC	
			Firm/Company	
		1826 SATURN BLVD LO	OT 8 SUITE A	
		***************************************	Address	
ORLANDO, FL 32837				
			City/State and Zip Code	
		INFO@GOALBRIDGEG.	DOM to be used for furtic annual report not	(Sication)
For further	information c	oncerning this matter, please c	·	meanon)
MARIANA	GARCIA		321 4377408 at ()	
	Name o	[Person	Area Code Daytin	no Telaphone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.0	elling Address gistration S vision of C O. Box 632 llahassee, F	Section orporations 7	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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4110 4301
npany here:
any." the designation "LLC" or the abbreviation "L.L.C."
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<u>ੂੰ</u> ,
on our records, enter the name of the new regis
r-,

Ö,
Enter Florida street address
· · · · · · · · · · · · · · · · · · ·
Florida Zin 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 um 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 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	JONATHAN USMAN	3010 BOATING BLVD KISSIMMEE, FL 34746	
			□Remove
			Change
AMBR	MARIANA GARCIA	3010 BOATING BLVD KISSIMMEE, FL 34746	□Add
			□Remove
			≅ Change
		-	□Add
			□Remove
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(If an offer Note:	ive date, if other than the date of filing:
he record ord is file	d 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
(09/07/2023
Dated_	
Dated _	Marigna Garcian Signature of a member or authorized representative of a member

Filing Fee: \$25.00