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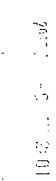
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

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TO: Registration Seconds of Cor			
	SALES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspo	ondence concerning this matter	to the following:	
	SALVADOR ARIAS HUI	RTADO 🔨	
		Name of Person	~?;
	4322 PUTNAM AVE	De la companya della companya della companya de la companya della	
		Address	
	JACKSONVILLE, FL 322	207	
		City/State and Zip Code	
	ariaschamorroy@gmail.com	n to be used for future annual report no	rification)
For further information of	oncerning this matter, please c		incauony
SALVADOR ARIAS H		904 208-1689 at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, Fl	oe Street, Suite 810 L 32303

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

JAX CAR SALES LLC (Name of the Limited Liability Company as it now appears on our records.)

	(A Florida Limited Liability Company)	
The Articles of Organization for this Limited L	iability Company were filed on 06/	20/2023 and assigned
Florida document number L23000296710		·
This amendment is submitted to amend the foll		
A. If amending name, enter the new name of	f the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the v	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation L.L.C."
Enter new principal offices address, if applied	eable:	 :
(Principal office address MUST BE A STREE	ET ADDRESS)	: : : : : : : : : : : : : : : : : : : :
		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or agent and/or the new registered office address		
New Registered Office Address:	4322 PUTNAM AVE	
New Registered Office Address.	Enter Flor	ida street address
	JACKSONVILLE	. Florida ³²²⁰⁷
	City	, Florida ³²²⁰⁷ Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete performance of istered agent as provided for in C registered office address, I hereb	my duties, and I am familiar with and hapter 605, F.S. Or, if this document is

" 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>	Name	Address	Type of Action
REP	JULIO RODRIGUEZ BERMUDEZ	4246 GLENVIEW RD	□Add
		JACKSONVILLE, FL 32207	≡ Remove
			□Change
	· · · · · ·		□Add
			□Remove
			□Change
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			☐Remove :: ☐ ☐Change
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ffective date, i	father then t	he date of	filing:				(optional)	
an effective date i	s listed, the date n	nust be specifi	ic and canno	t be prior to d	ate of filing or r	nore than 90 da	ys after filing.	Pursuant to 605.020
iote: If the date ocument's effec					statutory fili	ng requiremer	its, this date	will not be listed as
		•						
	a delayed effec	tive date, bu	it not an eff	ective time,	at 12:01 a.m.	on the earlier	r of: (b) Th	e 90th day after the
d is filed.								
August, 4		/	/ / 202	3				
Pated		$-\!\!\!\!/-$	100	,				
		/ /	/18/7 //					

Hit.

Filing Fee: \$25.00

Typed or printed name of signee