## 123000310582

(Requestor's Name)
(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:

Office Use Only



500418152965

10.80/23- 01024--077 \*+25.01

5.3

## **COVER LETTER**

SUBJECT:    Name of Limited Liability Company	
Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  MIGUEL ARTURO RAMIREZ	
Please return all correspondence concerning this matter to the following:  MIGUEL ARTURO RAMIREZ	
MIGUEL ARTURO RAMIREZ	
4	
Name of Person	
GENERATION AUTO LLC	
Firm/Company	tus &
4209 OLD WINTER GARDEN RD	100
Address	30
ORLANDO, FL 32805	
City/State and Zip Code GENERATIONAUTOFL@GMAIL.COM	9. I.
E-mail address; (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MIGUEL ARTURO RAMIREZ  407 490-6913	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
Mailing Address:  Registration Section  Street Address:  Registration Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited 1 Florida document number 1.23000310582	NE 28, 2023 and assigned	
This amendment is submitted to amend the fol		
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company." the de-	esignation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	2073 0
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:	<u> </u>	
Mailing address MAY BE A POST OFFICE		
B. If amending the registered agent and/or agent and/or the new registered office addre		ecords, <u>enter the name of the new registe</u>
Name of New Registered Agent:	-	
New Registered Office Address:	3868 SHOREVIEW DR	: 1
		ida street address
	KISSIMMEE	, Florida 34744 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

Title	<u>Name</u>	Address	Type of Action
CEO	MAZEN ABOU NASSIF	4209 OLD WINTER GARDEN RD	🗀 Add
		ORLANDO, FL 32805	= Remove
			□ Change
CEO	MIGUEL ARTURO RAMIREZ	3868 SHOREVIEW DR	<b>=</b> Add
		KISSIMMEE, FL 34744	Remove
			□Change
			□Add
		(Change	
			□Add □Add □Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

					<del></del>	
		·			· · · · ·	
					<del></del>	
	<del></del>					
	·					
	<del></del>					
						. ~ì
					- '	22
	·					2036
	· · · · · · · · · · · · · · · · · · ·	•				<u> </u>
					•	<del>در</del> ن.
	<del></del>			<del></del>		<u>ئې</u>
					<del></del>	2
	<del></del>	<del></del>			· · · · · · · · · · · · · · · · · · ·	
		·				
					<del></del>	<del></del>
ffective date, if other an effective date is listed, lote: If the date inserte ocument's effective da	the date must be spec ed in this block doe	sific and cannot be possible and the ap	prior to date of filir pplicable statutor	ig or more than 90 di	_(optional) ays after filing.) Purs nts, this date will r	uant to 605.02 not be listed
record specifies a delay	ved effective date, b	out not an effecti	ve time, at 12:01	a.m. on the earlie	r of: (b) The 90d	h day after th
is filed.						
OCTOBER 33	17/		·			
l is filed. ated OCTOBER 23	<u> </u>	<u></u>		ntative of a member		

Filing Fee: \$25.00