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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20190000044 : (407)888-3131 : (888)453-0509 Fax Number

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

Email Address: Accountanta) taxzonefl. com



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JUNIOR Y SAMI AUTO LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

K. SALY

NOV - 8 2024

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## **COVER LETTER**

| TO:             | Registration Sec<br>Division of Corp |  |  |   |
|-----------------|--------------------------------------|--|--|---|
| cum ilid        |                                      | SAMI AUTO LLC                                |  |   |
| SUBJEC          | <u></u>                              | Name of Limi                                 | ited Liability Company   |   |
| The encl        | osed Articles of a                   | Amendment and fee(s) are sub-                | mitted for filing.   |   |
| Please re       | eturn all correspor                  | ndence concerning this matter                | to the following:  |   |
|                 |                                      | Anthony                                      | MOSCOSO Per<br>Name of Person  | cez   |
|                 |                                      |  | Firm/Company   | <del></del>   |
|                 |                                      | 707 M C                                      | entral Are<br>Address  |   |
|                 |                                      | Lake Wa                                      | City/State and Zip Code  AAXCO EFL Com to be used for future annual report notif | <u> </u>  |
|                 |                                      | Accountanta<br>E-mail address: (1            | taxzonefl.com  | ication)  |
| For furth       | er information co                    | nncerning this matter, please ca             |  |   |
| Anth            | Nante of                             | SCOSO PECZ. Person                           | at (4C) SSE  Area Code Daytime   | 3-3131<br>Telephone Number  |
| Enclosed        | l is a check for th                  | e following amount:                          |  |   |
| □ <b>\$</b> 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) |
|                 |                                      |  | 0  |   |

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
Tallahassee, FL 32303

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 NOV-7 PM 3: 07
TALLAHASSEE, FLORIDA

JUNIOR Y SAMI AUTO 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 Liability Company  | were filed on 07/06/2023  | and assigned                                   |
|--|---|--|
| Florida document number L23000321066   |   |  |
| This amendment is submitted to amend the following:  |   |  |
| A. If amending name, enter the new name of the limited liabi   | lity company here:  |  |
| The new name must be distinguishable and contain the words "Limited Liability and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liab | ity Company," the designation "LLC" or th                               | e abbreviation "L.L.C."                        |
| 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)   |   | <del></del>                                    |
|  |   |  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  | ddress on our records, enter the n                                      | ame of the new registered                      |
| Name of New Registered Agent:  |   |  |
| New Registered Office Address:   |   |  |
| TICH INCOME OF THE PROPERTY.   | Enter Florida street addr <b>e</b> ss                                   |  |
|  | , Florida   | 7:- CI-  |
|  | City  | Zip Code                                       |
| New Registered Agent's Signature, if changing Registered Agent:  |   | مأه المناسبة                                   |
| I hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete,<br>accept the obligations of my position as registered agent us p<br>being filed to merely reflect a change in the registered office<br>company has been notified in writing of this change.   | performance of my duties, and La<br>provided for in Chapter 605, F.S. ( | m jamiliar with and<br>Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

To:

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> | <u>Name</u>                   | Address               | Type of Action  |
|--------------|-------------------------------|-----------------------|---|
| MGR          | Rafael Jose Rincon-Rosario    | 101 W CENTRAL AVE     |   |
|              |                               | LAKE WALES, FL 33853  | ≣Remove   |
|              |                               |                       | □Change   |
| AMBR         | Jose Alexander Ricon Martinez | 1348 REBECCA DR       | <b>≡</b> Add  |
|              |                               | HAINES CITY, FL 33844 | Remove  |
|              |                               |                       | ☐ Change  |
|              |                               |                       | □Add  |
|              |                               |                       | A SC Remove   |
|              |                               |                       | ON Annage PA 3: Oly PA 3: |
|              |                               |                       | □Change   |
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|              |                               |                       | □Add  |
|              |                               |                       | □Remove   |
|              |                               |                       | □Change   |

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| Effective date, if oth<br>(If an effective date is listed<br>Note: If the date inser<br>document's effective of | ted in this block | does not me    | et the applicab  | date of filing or<br>le statutory fili | (o<br>more than 90 days a<br>ng requirements, | ptional)<br>ifter filing.) Purs<br>this date will | nuant to 605.0207 (3)(<br>not be listed as the |
| the record specifies a delectord is filed.  | ayed effective da | tc, but not ar | n effective time | e, at 12:01 a.m                        | . on the earlier of                           | (b) The 90t                                       | h day after the                                |
| Dated NOV 9   | <u> </u>          |                | 2024             |  |   |   |  |
|   |                   | Antho          | Jan TI           | USCOS                                  | PCZZ  |   |  |
|   | Sig               | nature of a me | mber or authori  | zed representativ                      | e of a member                                 |   |  |

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