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	Division of Corporations
	Fax Number : (850)617-6383
	rax homoer . (ase)orr-oses
From	
	Account Name : FINDWAY SOLUTIONS CORP
	Account Number : I20220000085
	Phone : (954)591-0317
	Fax Number : (954)591-0317
	and the second of the second o
7 0 ¥ S a	the email address for this business entity to be used for future nnual report mailings. Enter only one email address please.** mail Address:

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## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT: AUTOM	IOTRIZ LOS LLANOS (	CA, LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CAMILA LEDEZM		
		Name of Person	
	AUTOMOTRIZ LO	S LLANOS CA, LLC	
		Firm Company	· <del>-</del>
	10555 NW 69 TER	RACE	
		Address	
	DORAL, FL 33178		
	<del></del>	City/State and Zip Code	
	camila ledezmaa24	@hotmail.com to be used for future annual report not	
			meatemy
For further information of	oncerning this matter, please c	all:	
		at ( )	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□X\$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 Address		<u>Street Address:</u> Registration Se	ection
Registration S Division of C		Division of Co	
P.O. Box 632	7	The Centre of T	
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

To

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

13054378182

AUTOMOTRIZ LOS LLANOS CA, LLC			
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y ay it now apprary on o ability Company)	ur records.)	<del></del>
The Articles of Organization for this Limited Liability Company vi Florida document number 1.23000372759			l assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Enability	y Company," the designa	tion "I.I.C" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			20
(Principal office address MUST BE A STREET ADDRESS)			
			<del></del>
Enter new mailing address, if applicable:			-
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
			<u>-1.7</u>
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	ldress on our record	s enter the name of the	new registered
Name of New Registered Agent:	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>
New Registered Office Address:			<del></del>
	Enter Florida sir	eet address	
	City	, Florida	inte
New Registered Agent's Signature, if changing Registered Agent:		·	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	verformance of my d vovided for in Chapi	utics, and I am familiar er 605, F.S. Or, if this a	with and locument is

If Changing Registered Agent, Signature of New Registered Agent

To 4 Page: 4 of 5 2023-09-20 15 26 30 GMT 13054378182 From: Mariangela Aviles

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
MGR	LEDEZMA ALFONZO, CAMILA	10555 NW 69 TERRACE, DORAL, FL 33178	<b>X</b> Add
			□Remove
			[] Change
			□ Add
			□Remove
			DChange
			🗆 Add
			©Remove
			🗆 Change
<u></u>			🗆 🔿 dd
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To , Page: 5 of 5 2023-09-20 15 26 30 GMT 13054378182 From: Manangela Aviles

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<del> </del>		
	<u>,,,,</u>	
te: If the date inserted in th	the date of filing:  must be specific and cannot be prior to date of filings shock does not meet the applicable statutor e Department of State's records.	(optional)  ng or more than 90 days after filing.) Pursuant to 605.02  y filing requirements, this date will not be listed:
cord specifies a delayed eff s filed.	rtive date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after th
ed <u>09-06</u>	. 2023	
	Grana Alfonzo Signature of a thember or authorized residence	•
	Signature of a member or authorized represe	ntaine of a member
	YRENE ALFONZO	

Filing Fee: \$25.00