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COVER LETTER

Division of Corporations	
SUBJECT: PRO 1 MOTORS LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Timothy Howell Name of Person RRO 1 MOTORS LLC Firm/Company 6801 Oaxhill Address North Lauderdale, FL 33068 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	3
for further information concerning this matter, please call:	41.45.41
Timothy Houdl at (954) 297 - Hough Area Code Daytime Telephone Number (1954)	d ∤ Jenga
inclosed is a check for the following amount:	_
☐ \$25.00 Filing Fee	

Mailing Address:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRO 1 MOTOR	SILC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our record liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L230063847.03</u> .	were filed on <u>August</u>	- 18, 7273 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
	NA	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company, the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		70 23 70 S
Enter new mailing address, if applicable:		P TAN
(Mailing address MAY BE A POST OFFICE BOX)	the state of the s	
		Mo o last
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	/ Enter Florida street addres	zs .
		orida
	City	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 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
AR	Jasmine Howell	765 NW 73 Ave	□Add
		765 NW 73 Ave Margate, FL 33063	
			□Change
AR	REAL DEAL AUTO CARE	6301 Bakhill	□Add
		North Landerdole, FL 3	3.06 MR (1000) (0.3)
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record specifies a delayer is filed.	ed effective date, bu	ut not an	effective t	me, at 12:0	1 a.m. on the	earlier of: (b) The 90	th day al	fter the
ated August	29	· · · · ·	2023 lhs-	<u>.</u>	_	_2 <u>_</u>			
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	Signature				entanve of a n	~ ~4· K	<u>~ \</u>		

Filing Fee: \$25.00