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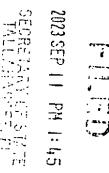
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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

FO: Registration Se Division of Cor		•	* *	
SUBJECT: ΤΟ Δ	Tier Avto, Name of Lim	LLC ited Liability Company		
	Amendment and fee(s) are sub	•		
Tease return an correspo	Azhar Sax	-		
		AUTO LLC Firm/Company		
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	TAMPA F Mookie pali	City/State and Zip Code Code		
For further information c	E-mail address: (oncerning this matter, please c	all:	23 SEP	[9] ==
Achar Sarson Name o	f Person	at (<u>\$13</u>) <u>327-30</u> Area Code Daytime	ော်တ 📜	
Enclosed is a check for th	ne following amount:		14.2 14.2 14.2	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)	
Mailing Addres Registration S	Section	Street Address: Registration Sec		
Division of C	orporations	Division of Corp	porations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company versions of the Articles of Organization for this Limited Liability Company versions.	were filed on <u>August 2.3, 2023</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili"	ty Conseque "the designation of LC" and the abbounded by L.C."
	ty Company, the designation LLC or the abbreviation "C.L.C.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	JK R
Trincipal office address MOST BL A STREET ADDRESS)	TO SEE
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent: Azhan	2 Savsour
New Registered Office Address: 8/0/ N	L SCIVSOUR L Webraska Ave Enter Florida street address
- Jam	Pa, Florida 33604 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·

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 Registored 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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Filing Fee: \$25.00