## L23 000 4412 026

(R	equestor's Name)	
(A	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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07/12/24--01036--019 ++25.00

## COVERLETTER

TO:

Registration Section

Tallahassee, FL 32314

The state of the s

Tallahassee, FL 32303

Division of Corporations				
SUBJECT:	AUTOMYZ	E LLC		
		Name of Limite	ed Liability Company	<del></del>
The enclosed	d Articles of A	Amendment and fee(s) are subm	iu-10 m	
Please return	n all correspor	ndence concerning this matter to	o the following:	
		ANTHONY J DUESLER, C	CPA	
			Name of Person	<del></del>
		CAPITAL TAX & CONSU	LTING LLC	
			Firm/Company	
		108 LAZY COVE LANE		
		·	Address	
		CHAPIN SC 29036		
			City/State and Zip Code	<del></del>
		subs@leocapgroup.com	be used for future annual report not	festion)
For further i	information co	oncerning this matter, please ca		initiation)
ANTHONY	/ J DUESLER	R, CPA	315 525-9893	
	Name of	Person		ne Telephone Number
Enclosed is	a check for th	e following amount:		
<b>≘</b> \$25.00	Filing Fee	S30.00 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)
Re	ailing Addres egistration S ivision of C	<u>s:</u> Section orporations	Street Address: Registration Se Division of Co The Centre of	rporations
P.O. Box 6327		2415 N. Monro	2415 N. Monroe Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

eny as It now appears on our records.) Diability Company)	<del></del>	
were filed on 09/22/2023	and assigned	
pility company here:		
ility Company," the designation "LLC" of	or the abbreviation "L.L.C."	
3050 Biscayne Blvd Ste 202		
Miami FL, 33137	22	
<u> </u>		
	î =	
3050 Biscayne Blvd Ste 202		
Miami FL, 33137		
	.;3	
	-	
e address on our records, <u>enter t</u>	he name of the new register	
MARCEL FREUND		
, Flo	orida 33137	
City	Zip Code	
	3050 Biscayne Blvd Ste 202  Miami FL, 33137  3050 Biscayne Blvd Ste 202  Miami FL, 33137  e address on our records, enter to the street address on the str	

## 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 Type of Action Address Name Title \_\_\_\_\_ □Add Remove \_\_\_\_\_ Remove \_\_\_\_\_\_\_ ☐Remove ☐ Change

Change \_\_\_\_\_ □Add ☐ Remove □ Change

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<del></del>			
<del></del>			
fective date, if other than th	e date of filing:		(ontional)
in effective date is listed, the date mi	st be specific and cannot be	prior to date of filing or more than 90 opplicable statutory filing requirements	ays after filing.) Pursuant to 605.02
cument's effective date on the I	Department of State's rec	ords.	ents, this date will not be listed a
ecord specifies a delayed effecti	ve date, but not an effecti	ve time, at 12:01 a.m. on the earli	er of: (b) The 90th day after th
is filed.			-
, JUNE 14	2024		
ited	<del></del>	<del></del> .	
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<u>, , , , , , , , , , , , , , , , , , , </u>	Signature of a member or	authorized representative of a membe	T

and the state of t