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OUD IF CO		A AUTO SALES, LLC				
SUBJECT	l:	Name of Lim	ited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please rett	urn all correspo	ndence concerning this matter	to the following:			
		MENDEZ ALEAGA, YU	NIOR			
			Name of Person	1		
			Firm/Company			
		6018 N 48TH ST				
			Address			~;
		TAMPA, FL 33610				1
			City/State and Zip C	Code	<u> </u>	:
		yuniormendez786@gmail.c				_
For furthe	er information c	E-mail address: (oncerning this matter, please c	to be used for future ar all:	nnual report notifi	eation)	
	Z ALEAGA, Y	- ·	786	390-3534		. =
	Name o	of Person	Area Code	Daytime	Telephone Number	
Enclosed	is a check for th	he following amount:				
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Cop tadditional copy)ÿ	Certified	te of Status &
	Mailing Addres			et Address: gistration Sec	rtion	
	Registration : Division of C			ision of Corp		
I	P.O. Box 632	27	The	e Centre of T	allahassee	
•	Tallahassee,	FL 32314	241	5 N. Monroe	Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUNIOR & A AUTO SALES, 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 $\frac{09/25/2023}{}$ and assigned Florida document number _____L23000443901 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

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>	Name	<u>Address</u>	Type of Action
4.09	MENDEZ ALEAGA. YUNIOR	6018 N 48TH ST	□Add
)		TAMPA, FL 33610	□Remove
			■ Change
AMBR		***************************************	Add
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ffective date, if other than the an effective date is listed, the date mu	e date of filing:	se prior to data of tiling	(optio	onal)
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record specifies a delayed effectivis filed.	ze date, but not an effec	ctive time, at 12:01 a	a.m. on the earlier of: (b) The 90th day after the
NOVENBER 8	2023			
novenber 8	2023	· ·		
ated NOVENBER 8	Signature of a member of	or authorized represen	tative of a member	