L23000445006

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only oracle) E.p. Hone "/
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special instructions to Filing Officer:

Office Use Only



300417428803

10/20/23--01015--001 ++25.00

2023 CCT 20 TH 0: 16



COVER LETTER

. .

Tallahassee, FL 32314

TO: Regis Divis	stration Sect sion of Corpo	ion rations		a	
SUBJECT:	Mazel Auto E	Brokers LLC			
			ited Liability Company		
The enclosed	Articles of Ar	nendment and fee(s) are sub-	mitted for filing.		
Please return a	all correspond	lence concerning this matter	to the following:		
		Kendris Lopez			_
			Name of Person		
			Firm/Company		-
		102 sw christmas ter			<u>.</u>
			Address		
		port st lucie. Fl, 34984			_
			City/State and Zip Code		
		mazelautobrokers@gmail.co	om to be used for future annual repo		
For further int	formation con	cerning this matter, please or		in notification)	
Kendris Lope	ez.		at (561) 370-2	188 Daytime Telephone Numbe	
	Name of F	erson	Area Code	Daytime Telephone Numbe	r
Enclosed is a	check for the	following amount:			
■ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified	ate of Status &
	ing Address:		Street Addr		
_	istration Se ision of Co		Registration of Division of	on Section of Corporations	
	Box 6327	porations		e of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records.) Limited Liability Company)	
mpany were filed on 09/26/2023	and assigned
ed liability company here:	
ed Liability Company," the designation "LEC" o	r the abbreviation "L.L.C."
:SS)	
	202
	<u>ن</u>
	. ⊃ I
	<u></u>
 	
office address on our records, <u>enter th</u>	e name of the new regist
Enter Florida street address	
Flori	da
, F1011	Zıp Code
	ed liability company here: ed Liability Company," the designation "LEC" of the designation "LEC" of the designation and the designation are conficed address on our records, enter the designation and the designation are conficed address on our records, enter the designation are conficed address on our records, enter the designation are conficed address on our records, enter the designation are conficed address on our records, enter the designation are conficed address on our records, enter the designation are conficed address on our records, enter the designation are conficed address on our records, enter the designation are conficed address on our records, enter the designation are conficed address on our records.

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 Changing Registered 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
MGR	Kendris Lopez	102 sw christmas ter. Port St Lucie, Fl 34984	🗆 Add
			□Remove
			= Change
MGR	Yusimi Lima	102 sw christmas ter. Port St Lucie, Fl 34984	□Add
			Remove
			□Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	· · · · · · · · · · · · · · · · · · ·
-	
-	
_	
-	
-	
_	
_	
-	
_	
-	
-	
-	
_	
ote:	ive date, if other than the date of filing: 10/05/2023 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
ocum	
recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
recor I is fi	
recor I is fi	October 5th 2023
recor I is fi	led.

Filing Fee: \$25.00