Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624

Fax Number : (512)597-0678

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A&K VEHICLE SALES AND REPAIRS L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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AUG 15 2024

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2024-08-15 09:05:11 UTC+14 18 ARTICLES OF AMENDMENT

18506176383

From: ZenBusiness User

TO ARTICLES OF ORGANIZATION OF

A&K Vehicle Sales and Repairs L.L.C.		2
(Name of the Limited Liability Comp. (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{09/28/2023}{}$	and assigned
Florida document number 1.23000450001		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		P44-1-
Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		<i>∞</i> 2
Mailing address MAY BE A POST OFFICE BOX)		124
		<u>: </u>
	•	-
 If amending the registered agent and/or registered or registered agent and/or the new registered office address her 		ter the name of the n
egistered agent and/or the new registered office address her	<u>c</u> .	
Name of New Registered Agent:		34
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zio 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 Changing Registered Agent, Signature of New Registered Agent

To: Page 3 of 4 2024-08-15 09:05:11 UTC-14 18506176383 From ZenBusiness User in amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person pening added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Aida Acosta		
		420 Redlin St North Fort Mycrs, FL 33903	≅ Remove
			□ Change
AMBR Ken	Kenesson Da Silva	420 Redlin St North Fort Myers , FL 33903	
		 	□ Remove
			☐ Change
			D Add
			☐ Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change
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Note: 1	re date, if other than the detive date is listed, the date must be fithe date inserted in this blocom's effective date on the Dep	hate of filing: ne specific and cannot be prior to date of the does not meet the applicable state hartment of State's records.	(opt filing or more than 90 days after utory filing requirements, th	ional) r filing.) Pursuant to 605.0207 (3)(b) is date will not be listed as the
If the reco	ord specifies a delayed (90th day after the recor	effective date, but not an eff rd is filed.	fective time, at 12:01	a.m. on the earlier of:
Dated _	August 2			
	/s/ Kenesson Da Silva			
		ignature of a member or authorized (ep.	resentative of a member	

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