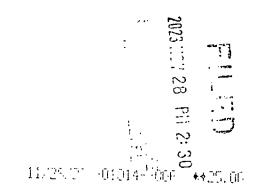
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TO:

TO:	Registration Sec Division of Corp						
CIID IP/		DE'VIL AUTO CUSTOMIZING AND SALES LLC					
SUBJE(JI:	Name of Lim	ited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ndence concerning this matter	to the following:				
		YOHNATHAN RENAN A	ARIAS CARRASQUEL				
			Name of Person				
		DE'VIL AUTO CUSTOM	IZING AND SALES LLC				
			Firm/Company				
		9311 S ORANGE AVE					
			Address	·			
		ORLANDO, FL 34744					
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	· ···········			
		JYBBODYSHOP@GMAIL	COM to be used for future annual report noti	Gardian)			
Ca. C. 41	· · · ' · · · · · · · · · · · · · · · ·		·	neation)			
ror num	ier information co	oncerning this matter, please ca	au:				
YOHNA	ATHAN RENAN	ARIAS CARRASQUEL	407 6935902 at ()				
	Name of	FPerson	Area Code Daytim	e Telephone Number			
Enclosed	l is a check for th	e following amount:					
≣ \$2 5.	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 (additional copy is enclosed)			
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEVIL AUTO CUSTOMIZING AND SALES LLC The Articles of Organization for this Limited Liability Company were filed on 11/07/2023 and assigned Florida document number L23000506432 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DE'VIL AUTO CUSTOMIZING AND SALES LLC 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 Office Address: Enter Florida street address , Florida

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:

or remo	oved fro	om our records:		
MGR = AMBR	Man = Auti	ager norized Member		
<u>Title</u>		Name	Address	Type of Action
	<i>-</i> .			□ Add
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Filing Fee: \$25.00