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2023 DEC 19 PH 1: 04 SECRETARY OF STATE

COVER LETTER

TO: Registration So Division of Cor				
SUBJECT: 5	AEZ AUTO S. Name of Limi	envices 2LC ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter (to the following:		
	LA	Name of Person		
	SAEZ AU	Ao Sorvices LL	<u>C</u>	
	1198 SW (1	ALMAR AVE Address		
	Port St Lu	City FL 34953 City/State and Zip Code		
	Saezautos E-mail address: (1	City/State and Zip Code Services LLC Para o be used for future annual report notif	al com Talla	ering
For further information of	concerning this matter, please ca	all:	119 119	encrease in
Landy Name o	Soe 2 of Person	at (<u>786</u>) 317 2 Area Code Daytimo	19 PH 1:04	
Enclosed is a check for t	he following amount:			
\$25,00 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)	

Street Address:
Registration Section
Division of Corporations

The Centre of Tallahassee

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAEZ Auto Service (Name of the Limited Liability Co (A Florida Lin	es LLC
(Name of the Lamifed Lability Co (A Florida Lim	ompany as it now appears on our records.) iited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L2300054382</u> 9	pany were filed on $12/08/2023$ and assigned
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 ADDRES.	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offagent and/or the new registered office address here: Name of New Registered Agent:	fice address on our records, enter the name of the new rogistered
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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
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			Port st Lucit, FL 34453	Remove
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