L240000/6602

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RECEIVE

A. HUNT C2/12/24

TO: Registration S Division of Co			
SA Autos	LLC		
SUBJECT:	Name of Limi	ted Liability Company	_
The enclosed Articles o	f Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	condence concerning this matter t	to the following:	
	William Adams		
		Name of Person	_
	SA Autos LLC		
		Firm/Company	
	5870 SW 85th St		**,
	-	Address	
	South Miami/Florida 33143		,
		City/State and Zip Code	··
	saautosllc@gmail.com		1 .
		o be used for future annual report notification)	110:09 21-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
For further information	concerning this matter, please ca	H:	1.,
William Adams		305 3106103 at ()	
Name	of Person	Area Code Daytime Telephone Nun	ıber
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	O Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Section	
	Corporations	Division of Corporations	
P.O. Box 63 Tallahassee,		The Centre of Tallahassee 2415 N. Monroe Street, Suite	e 810

Tallahassee, FL 32303

DocuSign Envelope ID: 36127601-EEEA-4463-AF10-6218ED227CBF

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SA Autos LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on 01/08/2024 and assigned
florida document number L24000016602	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>
Principal office address MUST BE A STREET ADDRESS)	
	÷:
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
Muning address MAT BL AT OST OFFICE BOA	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	-
New Registered Office Address:	
- · · · · · · · · · · · · · · · · · · ·	Enter Florida street address
	, Florida
	City Zip 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

DocuSign Envelope ID: 36127601-EEEA-4463-AF10-6218ED227CBF II amenuing Authorized rerson(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
AMBR	Erik Guy Schulte	6560 SW 25th St, Miami, FL 33155	■ Add
			□ Remove
			☐ Change
			□Add
			Change
			—
			Remove
			□ Remove
			□ Add
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ective date, if other than effective date is listed, the date e: If the date inserted in the ument's effective date on the	must be specific s block does no	and cannot be protection of the capp	rior to date of fili dicable statuto	ng or more than 9		.) Pursuant to 605
cord specifies a delayed effo filed.	ctive date, but	not an effectiv	e time, at 12:0	l a.m. on the ea	rlier of: (b) Th	ne 90th day after
ed 2/13		2024				
		Oocu:	Signed by:	entative of a mem		
		1 /10/17	// 1 /			