124000036207

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COVER LETTER

TO: Registration ! Division of Co			
	CA AUTO BROUP LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	ARTURO L ABREU VAE	LENCIA	
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	ARTURO ABREU LAW	FIRM PA	
		Firm/Company	
	3905 NW 107TH AVE SU	JITE 304	
		Address	
	DORAL, FL 33178		
		City/State and Zip Code	
	abreu@aalegal.us	to be used for future annual report notification)	
For further information	concerning this matter, please concerning this matter.		
ARTURO L ABREU V		786 332-0063 at ()	
Name	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Statu (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L24000036207		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADE	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, <u>enter th</u> ;	ne name of the new region
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Clar	aa.
		rida Ziv Code

New Registered Agent's Signature, if changing Registered Agent:

MONTER OF A STREET CROSSRELL C

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
MGR	MARCO A RAPALO SABILLON	7663 NW SSTH TER	<u> </u>
		TAMARAC, FL 33321-2411	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□ Change
			□Add
			□Remove
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			□Aḍd
			□Remove
			□Change

		
		
		
Effective date, if other than the date of filing: OY 29 2029 (option effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not	be listed as
rd is filed.	o, the million	ey unter the
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Dated 04 29 2024		:
Dated 04/29/2024		: :>
Dated 04/29/2024 Signal of a member of a member		:
Dated 04/29/2024 Signature for amember a member a member of signed or printed name or printed name of signed or printed name or printed		· · · · · · · · · · · · · · · · · · ·