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COVER LETTER

Division of Corp	orations		
SUBJECT:	even Stap Name of Limi	s Auto Sale	s LLC
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	GABRIETA	Rame of Person	abriela E Casini
	412 Morning	Clory Un O NP SLORY LA N Address	·····
	St JOV GABCA E-mail address: (1	City/State and Zip Code S 32 O 6 M A 1 / Code o be used for future annual report notified	259 Jul (cation)
For further information co	ncerning this matter, please ca	all:	
Pahriel P Name of	Person	at (770) 469. Area Code Daytime	Go 85. Telephone Number
Enclosed is a check for the	e following amount:		
☐ \$25.00 Filing Fcc	☐ \$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)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Seven Sta (Name of the Limited	tas Auto Sa iability Company as it now appears of forida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabili	ity Company were filed on	1
This amendment is submitted to amend the following	g:	
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 desi	
Enter new principal offices address, if applicable	:	**
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	702 AP 7 -
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our reco ere:	ords, enter the name of the new registered
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

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>	<u>Address</u>	Type of Action
ANBR	Elio Pirela Rincon	412 Horning Glory Ln W	
		St John's FL 32259	□ Remove
			iDChange
AM82	Gabriela & CASINI	412 Horning Glory Land	Add
		St John's FL 32759	□Remove
			(Defiange
			□Remove
. 	 		
			□Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·	 	□ Add
			□Remove
			□Change
	······································		□Add
			□Remove
			□ Change

Page 2 of 3

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ve date, if other than the date of filing:
the rec) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated .	04/03/2024
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee