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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SS Quitosaks Mic UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
SS autosales Hia LC Firm/Company
8/8/ NW S RIVET OT. Lot A 132
City/State and Zip Code SSQUTOSALES 205 QGMail Comp
in the state of th
For further information concerning this matter, please call:
Name of Person at (186) 502-1787 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\instrum{\text{\$\text{\$\text{\$\text{S}}}}}\$\$ \$25.00 Filing Fee & Certificate of Status \$\text{\$\e
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

SS AUTOSALES MIA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3/18/2024 __ and assigned Florida document number L24000132618 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 "LLC." 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ISAEL SIRIANI	8120 NW 125TH TER	□Add
			Remove
	Iriana Hernandez		□Change
AMBR	RIANHIERNANDEZ	8181 NW S RIVER DR LOT A 132 MEDLEY, FI	L 33 22010(c
			□Remove
			□Change
***			□Add
			Remove
			□Change
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ffective date, if other than the data offective date is listed, the date must be total. If the date inserted in this block ocument's effective date on the Department.	k does not meet the applicable	late of filing or more than 90 de statutory filing requireme	_(optional) ays after filing.) Pursuant to 605.02 ents, this date will not be listed
record specifies a delayed effective of is filed.	late, but not an effective time.	, at 12:01 a.m. on the earli	er of: (b) The 90th day after the
September#6th	2024	. /	
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