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4/12/24

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AAA Sales and M Name of Li	arketing
Name of Li	mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Alejan	ndro Aguilar Name of Person
	les and Marketing Firm/Company
	237 NE 8th AVE
Caag E-mail address:	Yne Park, FL 33/6/ City/State and Zip Code UNAN 13 @ Yahoo. com (to be used for future annual report notification)
For further information concerning this matter, please	
	at (707) 301-4222
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\sum \text{Certificate of Status}\$	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AAA Sales and A (Name of the Limited Liability Compa (A Florida Limited I	Marketing	•					
The Articles of Organization for this Limited Liability Company were filed on							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liab	ility company here:						
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designate	ion "LLC" or the abbreviation "L.L.C."					
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 a agent and/or the new registered office address here:	address on our records	s, <u>enter the name of the new registered</u>					
Name of New Registered Agent:							
New Registered Office Address:							
	Enter Florida street address						
	City	, Florida Zip Code					
New Registered Agent's Signature, if changing Registered Agent:	•	zip Code					
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p heing filed to merely reflect a change in the registered office company has been notified in writing of this change.	vee to act in this capac performance of my di provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is					

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>	Name	Address	Type of Action
<u>AMBR</u>	Alejandro Aguilar	11237 NE 8 thave Biscayne Park, FL 32161	½ Add
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n effectiv	e date is listed, the	ne date must be spec in this block doe	cific and c	annot be prior	to date of filin	g or more than 9	0 days after fi	iling.) Pursu	ant to 605.0207
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ecord sp is filed.	ecifies a delaye	ed effective date,	but not a	n effective ti	me, at 12:01	a.m. on the ea	rlier of: (b)	The 90th	day after the
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