



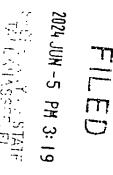
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COVER LETTER

	Registration Se Division of Cor		•	
SUBJEC	LEYVA &	SONS AUTOMOTIVE SOLU	JTIONS, LLC	
SOBJEC	-1	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		RAUL LEYVA		
			Name of Person	
		LEYVA & SONS AUTOR	MOTIVE SOLUTIONS, LLC	
			Firm/Company	
		8120 WEST 28TH COUR	T UNIT 107	
			Address	
		HIALEAH, FL 33018		
			City/State and Zip Code	
		raulin.leyva@gmail.com	to be used for future annual report notil	(igaziun)
For furth	er information c	oncerning this matter, please c	·	in all only
Raul Le	yva		786 868-8167	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$25.	00 Filing Fee	■ \$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)
	Mailing Addres Registration S		Street Address: Registration Sec	vion
	Division of C		Division of Com	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEYVA & SONS AUTOMOTIVE SOLUTIONS, 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 $\frac{04/15/2024}{1}$ and assigned Florida document number <u>L24000176734</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) ⊊ N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 9 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: N/A Name of New Registered Agent: N/A 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.

City

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
AMBR	Yarixa Fernandez Cabrera	8120 WEST 28TH COURT UNIT 107, HIALEAH F	L ≣Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ □Change
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1990 207 10	Raul Ley	va

Filing Fee: \$25.00