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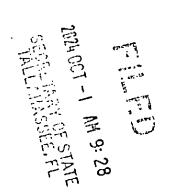
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10/01/24--01008--011 **25.00



COVER LETTER

TO: Registration So Division of Cor					
SUBJECT: _	\mathcal{AC}	AUTO LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Da	niel Chervony			
		Name of Person			
Firm/Company					
	811	12th St NE Address			
	Resti	City/State and Zip Code NFlavors @ live . Co	om		
For further information c		to be used for future annual report noti			
_	- ,	at (<u>786</u>) <u>484</u> Area Code Daytim	- 5913		
Name o	l Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	se 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		<u>Street Address:</u> Registration Se	ction		
Division of Corporations		Division of Corporations			
P.O. Box 632			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

DB AUT	O LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Companification for the Liability Companification of the Liability Companifi	ny were filed on $4/23/2024$ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Liab	ibility Company," the designation "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 agent and/or the new registered office address here:	e address on our records, enter the name of the new regi		
igent and/or the new registered office address nere.			
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida street address			
	, Florida		

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>	Address	Type of Action
MGR	ARIEL ANTONIO CRUZ SA	NTIAGO	🗆 Add
		2300 50+h TERSW	XRemove
		Naples, FL 34116	□Change
MGR	Daniel Chervony	811 12th St NE	XAdd
	ARIEL ANTONIO CRUZ S Daniel Chervony	Naples, FL 34120	□Remove
			☐ Change
			□Add
			□ Remove
			□Change
			🗆 🗆 Ad d
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			🗆 Remove
			□Change

Frective date, if other than the date of filing:	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distinct of the specifies and the specifies are specified as spec		
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Dated September 23, 2024	Iffective date, if other than the date of filing: (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister locument's effective date on the Department of State's records.	1207 (Las 1
		the
	ated September 23. 2024.	
Signature of a member or authorized representative of a member		
_	Signature of a member or authorized representative of a member	
Typed or printed name of signee	David Classian	

Filing Fee: \$25.00