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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DOSSANTOS AND MACHADO, LLC

Account Number : I20140000089 Phone : (754)301-2128 : (954)252-4650 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

INFO@GFSTAXACCT.COM Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIG CFO AUTO GROUP LLC

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COVER LETTER

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Division of Cor			
	O GROUP LLC		
SUBJECT:	Name of Lin	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	GILVAM F DOS SANTO	s	
		Name of Person	
	GES TAX & ACCOUNTI	NG SERVICES	
		Pirm'Company	
	11764 W SAMPLE RD - S	STF. 102	
		Address	
	CORAL SPRINGS, FL 33	065	
		City/State and Zip Code	
	INFO@GFSTAXACCT.CO	DM to be used for future annual report notifi	(cotton)
For further information c	concerning this matter, please c	·	(Canon)
GILVAM F DOS SANT	_	954 957 3244	
Name of	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
☐ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration (Street Address: Registration Sec	tion
Division of C		Division of Corr	

Registration Section 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

Page: 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000325737 3)))

CFO AUTO GROUP LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number 1.24000258498	oility Company were filed on 06/05/2024	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LI.C" or the	e abbreviation "L. L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>	
		- <u> </u>
B. If amending the registered agent and/or registered office address I	istered office address on our records, <u>enter the n</u> here:	ame of the P 25
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	3: 22 STATE
	, Florida	
	Сиу	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 dities, 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:

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MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	DIEGO MORALLES SILVA	3171 FOREST BEND RD - 301	
		KISSIMMEE, FL 34746	□Remove
			
AMBR	VASCO PINHEIRO DOS SANTOS	12003 WALMSLEY ALY	□ \\dd
		WINTER GARDEN, FL 34787	□Remove
			Change
			ÜAdd
			□Remove
			□Change
			UAdd
			□Remove
			□Change
			□Add
			URemove
	·		□Change
			□Add
			□Remove
			UChange

To:

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ote:	e date, if other than the date of filing:
recon	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 d.
ated	SEPTEMBER 23rd 2024
	SUP BY
	Signature of a member or authorized representative of a member