

24000151861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

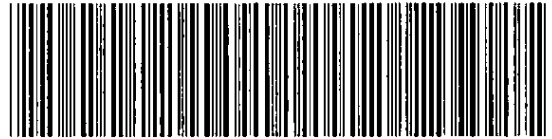
(Business Entity Name)

(Document Number)

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AUG 23 2024
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08/23/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FFG AUTO SALES LLC

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:

DAMIAN ERNESTO FUENTES

Name of Person

FFG AUTO SALES LLC

Firm/Company

7661 NW 68TH ST BAY 103

Address

MIAMI, FL 33166

City/State and Zip Code

FFGAUTOSALESLLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAMIAN ERNESTO FUENTES

at (786)

506-0133

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

FFG AUTO SALES 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 06-27-2024 and assigned
Florida document number L24000291861.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

DAMIAN ERNESTO FUENTES

7661 NW 68TH ST BAY 103

MIAMI, FL 33166

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:

Damian Ernesto Fuentes

New Registered Office Address:

7661 NW 68TH ST Bay 103

Enter Florida street address

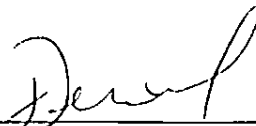
Miami
City

Florida

33166
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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	DAMIAN E FUENTES	775 NW 42ND ST	<input type="checkbox"/> Add
		MIAMI, FL 33127	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	PAULA D FLORES <i>Garcia</i>	775 NW 42ND ST	<input type="checkbox"/> Add
		MIAMI, FL 33127	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ANDRES J GARCIA <i>Zuniga</i>	4342 SW 159 PATH	<input type="checkbox"/> Add
		MIAMI, FL 33185	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 08/14, 2024

Typed or printed name of signee