L24000 300 951

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/State/ZIp/Fnone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100436450421

09/16/24--01015--014 **25.00

COVER LETTER

TO: Registration Division of C			
AUTOM SUBJECT:	OTIVE PERFORMANCE SOLU	JTIONS FL. LLC	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles (of Amendment and fee(s) are sub	emitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	EDUARDO IDER		
		Name of Person	
	AUTOMOTIVE PERFOR	MANCE SOLUTIONS FL. LLC	
		Firm/Company	 _
	3901 NW 77TH AVE UN	IT C	20
		Address	20.00
	MIAMI, FL 33166		SEP 16 PH 2: 31
		City/State and Zip Code	TARY OF PH
	eduardon		1. cam 299 =
	E-mail address: (to be used for future annual report notif	ication) $\mathcal{P}(\mathcal{C})$ \mathcal{C} \mathcal{C}
For further information	concerning this matter, please c	all:	77 0
EDUARDO IDER		786 940-4154	
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 Addi Registration		Street Address: Registration Sec	etion
_	Corporations	Division of Corp	
P.O. Box 6.		The Centre of T	
Tallahassee	, FL 32314	2415 N. Monroc	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLITANIANTINE DEDECADA A STAR CONTINUES DE LETA

AUTOMOTIVE PERFORMANCE SOLUTION		
(<u>Name of the Limited Liability C</u> (A Florida Lia	<u>Jompany as it now appears on ou</u> nited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L24000300951</u> .	spany were filed on $\frac{07/05/202}{}$	and assigned
his amendment is submitted to amend the following:		
a. If amending name, <u>enter the new name of the limited</u>	l liability company here:	
N/A		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
<u>Principal office address MUST BE A STREET ADDRES</u>	<u></u>	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our records	Phenome of the new registration of the new registratio
Name of New Registered Agent: N/A		·
New Registered Office Address:	Enter Florida stre	et address
		, Florida
·	City	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 I	Registered Agent, Signature of New Regi	istered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CATALINA NEMMI AGUIRRE	3301 NE 5TH AVE APT 7	■Add
		MIAMI. FL 33137	□Remove
			Change
	**		□Add
			□ Remove
			□Change
			SECRETARY OF STELLAHLISSEE
			THE BEP 16 PH 2:30 HAdd
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

N/A						
						
						
				. <u> </u>		
-						
				سا ^{ت.}	<u> </u>	
				<u> </u>	is:	*: #F
				E A	-0	در پیس در پیس
·					_ _ _	
				<u> </u>	PH	
				±1. Gro	5	المراجعة
				, i i	ည	
ative data if other than the date of filing	09/10/2024			(antional)		
ctive date, if other than the date of filing effective date is listed, the date must be specific and	g• I cannot be prior to	date of filing or	more than 90 day	s after filing.) Pursuan	t to 605.0
If the date inserted in this block does not n ment's effective date on the Department of S	neet the applicab	le statutory fili	ing requiremen	ts, this date	will not	he listed
men vertical vertical variation of the Department of the	The street of th					
ord specifies a delayed effective date, but not	an affactive tim	e at 12:01 a m	on the english	ati (b) Th	a OOth di	ov after
filed.	an enceuve um	C, at 12.01 a.m	. On the Cather	01. (0)	C 70th d	ay atter
d 09 SEPTEMBER	2024					

Typed or printed name of signee