

(shown below) on the top and bottom of all pages of the document.

(((H24000335143 3)))



H240003351433ABCZ

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

Page: 1 of 4

: (850)617-6383

From:

Account Name : EXPRESS FILINGS INC

Account Number : I20220000042 Phone : (786)370-2432

Fax Number : (786)866-6349

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

Hail Address:	
---------------	--

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA CLUB AUTO SALES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Page: 2 of 4

17868666349

## (((H24000335143 3)))

### ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FLORIDA CLUB AUT					
(Name of the Limited Linbility Company a (A Florida Limited Liabi	s it now appear lity Company)	s on our records.)			
The Articles of Organization for this Limited Liability Company wer Florida document numberL24000415782	e filed on	10/01/20	24	and as	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	company he	<u>re</u> :			
N/A					<u> </u>
The new name must be distinguishable and contain the words "Limited Liability C	Company," the de	esignation "LLC" of	r the abbrev	riation "L	.L.C."
Enter new principal offices address, if applicable:	ew principal offices address, if applicable: 12954 NW 42ND AVE, UNIT #94			4	
(Principal office address MUST BE A STREET ADDRESS)	(	OPA LOCKA,	FL 3305	54	
Enter new mailing address, if applicable:	-	N/A		-	<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	- 23	
_	<del> </del>		<u> 현실</u> 필급	1024 0CT	п
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ress on our re	ecords, <u>enter the</u>	e name o	f theiner	w register
Name of New Registered Agent:		N/A	STATI	3: 24	
New Registered Office Address:	Enter Flor	ida street address			
		, Flori			
	City			Zin 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

17868666349

From: ADRIAN MEDINA

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

(((H24000335143 3)))

MGR = Manager AMBR = Authorized Member

 	O <sub>Add</sub>
	O <sub>Chan</sub>
	O <sub>Add</sub>
 	OReme
	Ochan
 	OAdd
<del></del>	ORemo
	OChan
 	OAdd
	O <sub>Reme</sub>
	Ochan
	OAdd
	ORemo
	Ochan
	OAdd
	ORemo
	Ochan

# (((H24000335143 3)))

Please	add FEI/EIN Numb	er: 33-1284609			
					<del></del>
				<del></del>	
				•	<del></del>
	·· -				
effective date	, if other than the date of e is listed, the date must be spe te inserted in this block do ective date on the Departm	ecific and cannot be prior to ses not meet the applicab	date of filing or more le statutory filing re	(optional) than 90 days after filing.) lequirements, this date w	Pursuant to 605.0 ill not be listed
ord specifi filed.	es a delayed effective date,	, but not an effective tim	e, at 12:01 a.m. on	the earlier of: (b) The	90th day after
d	10/03	,,	- LM		
				rero (Oct 3, 2024 18: u member	

(((H24000335143 3)))