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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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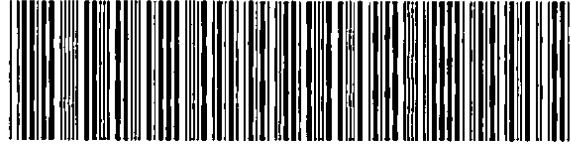
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**O: Registration Section
Division of Corporations**

SUBJECT: SUNSET AUTOS MIAMI 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:

Jamile J Paez Ortiz

Name of Person

Firm/Company

7791 NW 46th ST, Suite 322

Address

Miami FL 33166

City/State and Zip Code

sunsetautosllc@gmail.com

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

For further information concerning this matter, please call:

Jamile Paez

786

395-9619

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

The 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**

SUNSET AUTOS MIAMI, 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 09/24/2024 and assigned
Florida document number L24000416364.

This amendment is submitted to amend the following:

. 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."

After new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

After new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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SECRETARY OF STATE
TALLAHASSEE, FL

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:

New Registered Office Address:

Enter Florida street address

City

, Florida

Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

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

1GR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
1GR	Pacz Oriz, Jamile J	7791 NW 46th ST	<input type="checkbox"/> Add
		Suite 322	<input type="checkbox"/> Remove
		Miami, FL 33166	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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Typed or printed name of signee