

L24000434320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

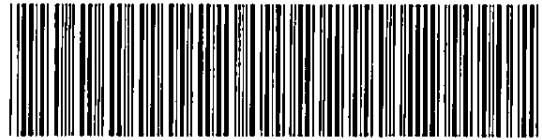
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

units

Office Use Only



500440391185

12/04/24--01004--027 **25.00

2024 DEC -1, AM 8:29
FBI
FBI

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: PISTA AUTO GROUP, 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:

JOSE A. RAMIREZ

Name of Person

PISTA AUTO GROUP, LLC

Firm/Company

2450 W. SAMPLE ROAD, STE A-13

Address

POMPANO BEACH, FL 33073

City/State and Zip Code

LLC2ADVANCEDTAXADVISORS.NET

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

For further information concerning this matter, please call:

JOSE A. RAMIREZ

954 888-6943
at ()
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**

PISTA AUTO GROUP, 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 October 9, 2024 and assigned Florida document number L24000434320.

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)

2450 W. Sample Road, STE A-13

Pompano Beach, FL 33073

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2450 W. Sample Road, STE A-13

Pompano Beach, FL 33073

B. If amending the registered agent and/or registered office address on our records, enter the name of the now registered agent and/or the new registered office address here:

Name of New Registered Agent:

Advanced Tax Advisors

New Registered Office Address:

777 BRICKELL AVE #500-96094

Enter Florida street address

MIAMI


City

Florida 33131

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


[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

November 27, 2024



Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00