Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000405630 3)))



H240004056303ABCY

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : H&A BOOKKEEPING SERVICES, LLC

Account Number : I20200000141 Phone : (407)550-7556

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سه <u>ست</u> سرپوهور

Phone	: (407)550-7556
Fax Number	: (305)907-5326
Finter the email address:	ess for this business entity to be used for future lings. Enter only one email address please.
NEXTI	ESTATE/CORRECT OR M/MG RESIGN LEVEL AUTO GROUP USA LLC

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Help

COVER LETTER

TO: Registration Section
Division of Corporations

(((H24000405630 3)))

Div	ision of Corp	orations			
SUBJECT:		L AUTO GROUP USA LLC			
	***************************************	Name of Limi	ted Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub-	nitted for filing.		
Please return	all correspon	dence concerning this matter t	to the following:		
		HELEN DORNELLAS			
			Name of Person		
		H&A BOOKKEEPING SE	ERVICES, LLC		
			Firm/Company		
		32 RIPPLING BROOK DR			
			Address		
		PALM COAST, FL 32164			
			City/State and Zip Code		
		HABOOKKEEPING@HOT			
		E-mail address: (to	o be used for future annual	report notification)	
For further in	nformation cor	ncerning this matter, please ca	11:		
HELEN DO	RNELLAS			6 79 7 5	
	Name of I	Person	at () Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fcc	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is enc		\$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

, From Big Boss 1.305.907.5326 Tue Dec 10 08:13:34 2024 MST Page 3 of 5

ARTICLES OF AMENDMENT (((H24000405630 3))) TO ARTICLES OF ORGANIZATION OF

	City	Zip Code
		, Florida
New Registered Office Address:	Enter Florida stree	1 address
Name of New Registered Agent:		
ten amour sur new registrict onice address little.		
If amending the registered agent and/or registered of ent and/or the new registered office address here:	Tice address on our records,	enter the name of the new regis
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	4,000	
Mailing address MAY BE A POST OFFICE BOX)	***************************************	;)
nter new mailing address, if applicable:		
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		-
rincipal office address MUST BE A STREET ADDRES	<u></u>	. ~3
nter new principal offices address, if applicable:		
e new name must be distinguishable and contain the words "Limited	Liability Company," the designation	in "LLC" or the appreviation "L.C.C.
	11 1 10 C. Hali J. C	"IIC" as the abbasistion "IIC"
. If amending name, enter the new name of the limited	l liability company here:	
his amendment is submitted to amend the following:		
orida document number L24000474447	party were fried on	and assigned
he Articles of Organization for this Limited Liability Com	norm ware filed on 11/08/2024	and assigned
(Name of the Library C. (A Florida Lin	ompany as it new appears on our nited Liability Company)	records.)
NEXTLEVEL AUTO GROUP USA LLC		- manada \

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.

. From Big Boss 1.305.907.5326 Tue Dec 10 08:13:34 2024 MST Page 4 of 5 $\,$

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 (((H24000405630 3)))

<u>Title</u>	Name	Address	Type of Action
AMBR	JOAO VICTOR DO VALE MORE	4071 LOBLOLLY LN	□Add
		DAVENPORT, FL 33896	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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n effective date is listed, the date must be te: If the date inserted in this block	specific and cannot be prior	to date of filing or more	than 90 days after filing.) I	ursuant to 605.0207
cument's effective date on the Depa	tment of State's records			
				nad. J A L
cord specifies a delayed effective di	te, but not an effective b	me, at 12:01 a.m. on i	the earner of: (b) The	90th day after the
is filed.				
	2024			
	, 2024	·		
ted DECEMBER 03				

. . . From Big Boss 1.305.907.5326 Tue Dec 10 08:13:34 2024 MST Page 5 of 5