## L04 000086180

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

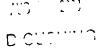


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## **COVER LETTER**

Division of Corporations		
SUBJECT: MCCRARY A	MTO SALES LLC ame of Limited Liability Company	·
The enclosed Articles of Amendment and fee(	s) are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
MCCBA	Name of Person  ARY AUTO SAUS  Firm/Company  Address	٠ ـ ـ ـ ـ ـ ـ
	City/State and Zip Code  City/State and Zip Code  And	2120 Com-
For further information concerning this matter,		20.3
GERALD MCCRAR	Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:		HH:
■ \$25.00 Filing Fee □ \$30.00 Filing Fee Certificate of \$		S60.00 Filing Fee.  Certificate of Status &  Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

MCCRARY AUTO SALES 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 NO	V 30, 2004	and assigned
Florida document number <u>LOY00086/80</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the desi	gnation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			5
(Principal office address MUST BE A STREET ADDRESS)			720
			19 %
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			王嶷
			ည်း ဦးကို
D. If amonding the residue of the second			; <i>t</i>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, <u>enter the name</u>	of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
l hereby accept the appointment as registered agent and agre	ee to act in this car	pacity. I further agree	e to comply with th

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Gerald B McCrary	122 Harney St	□ Add
		Daytona Beach, FL 32114	■Remove
			□Remove
			□Change
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Effective date, if other than t	he date of filing:	1 2 2 2	(optional	)
If an effective date is listed, the date in Note: If the date inserted in this	block does not meet the	e applicable statutory f	or more than 90 days after film Hing requirements, this dat	g.) Pursuant to 605.0207 c will not be listed as
document's effective date on the	Department of State's r	records.		
e record specifies a delayed effect rd is filed.	tive date, but not an effe	ective time, at 12:01 a.:	m. on the earlier of: (b) T	he 90th day after the
Dated	2020	)		
) and	·	· ·		
~ ///	1	34		

Typed or printed name of signee