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| (Red                      | questor's Name)<br>- |             |
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| PICK-UP                   | WAIT                 | MAIL        |
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| (Do-                      | cument Number)       |             |
| Certified Copies          | Certificates         | s of Status |
| Special Instructions to I | Filing Officer:      |             |
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D. SCOTT NOV 1 7 2016

# **COVER LETTER**

|                 | stration Section of Corp |  |   |                    |               |
|-----------------|--------------------------|--|---|--------------------|---------------|
| SUBJECT:        |                          | ALLIED CAR SAL                             | ES  |                    |               |
| 50202011        |                          | Name of Lim                                | ited Liability Company  |                    |               |
| The enclosed    | Articles of A            | Amendment and fee(s) are sub-              | mitted for filing.  |                    |               |
| Please return a | ill correspon            | ndence concerning this matter              | to the following:   |                    |               |
|                 |                          | DANI                                       | EL RAY BAGGETT  Name of Person                                      |                    |               |
|                 |                          |  | D CAR SALES Firm/Company  |                    |               |
|                 |                          |  | Firm/Company  |                    |               |
|                 |                          | 9834                                       | LEM TURNER RD   3   | Ay 14 327          | <u> </u>      |
|                 |                          |  | Address   | <del></del>        |               |
|                 |                          | JACKSON                                    | City/State and Zip Code   | 3                  |               |
|                 |                          |  | •   |                    | TASE 6        |
|                 |                          | bage                                       | get16 aol.com  by be used for future annual report notif            | intin)             | 三百三           |
| For further inf | ormation co              | oncerning this matter, please ca           |   | ication <i>)</i>   | NOV 16 PH 2-1 |
| DANIE           | ELRE                     | SAGGETTIL                                  | at ( <b>904</b> ) <b>307</b> - 1                                    | 1622               | - SI S        |
|                 | Name of                  | f Person                                   | Area Code Daytime   | : Telephone Number | RIDA<br>TE    |
| Enclosed is a   | check for th             | ne following amount:                       |   |                    |               |
| □ \$25,00 Fil   | ing Fee                  | \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C        | of Status &   |

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ALLIED CA   |  |                         |
|---|--|-------------------------|
| (Name of the Limited Liabil   | ity Company as it now appears on our records.) la Limited Liability Company) |                         |
| (A Folia  | a Emited Elability Company)  |                         |
| The Articles of Organization for this Limited Liability (   | Company were filed on APR 14, 2016   | and assigned            |
| Florida document number <u>L13000094234</u>   |  |                         |
| This amendment is submitted to amend the following:   |  |                         |
| If amending name, enter the new name of the lim   | nited liability company here:  |                         |
| The new name must be distinguishable and contain the words "Lin                                       | mited Liability Company," the designation "LLC" or th                        | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |  |                         |
| (Principal office address MUST BE A STREET ADD  | RESS)  |                         |
|   |  | ·····                   |
|   |  |                         |
| Enter new mailing address, if applicable:   | . <u></u>  | <u> </u>                |
| (Mailing address MAY BE A POST OFFICE BOX)  | ·  |                         |
|   |  | 79 <b>5</b>             |
|   |  | EGR A                   |
| R. If amending the registered agent and/or regi registered agent and/or the new registered office add | · • • • • • • • • • • • • • • • • • • •                                      | ter the name of the new |
| registered agent and/or the new registered office and   |  | SS 50 E                 |
| Name of New Registered Agent:   | •  |                         |
| Name of New Registered Agent.   |  | 57.79                   |
| New Registered Office Address:  | Enter Florida street address   | <u> </u>                |
|   |  |                         |
| <del></del> -   | , Florida  | 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

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             |
|--------------|---------------------------------------|--------------------------|----------------------------|
| MGR          | DANIEL RAY BAGGETTI                   | 14617 EAST ZACHARY DRIVE | <b>⊠</b> Add               |
|              |                                       | JACKSONVILLE, FL 32218   | Remove                     |
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| . 1. 10          |                  |                                    | h- 1 •        |                 |                |              | ,                          |               | 110           |                        |
| ffective date is | listed, the date | the date of f<br>e must be specifi | ic and cannot | t be prior to a | date of filing | or more tha  | ( <b>op</b><br>n 90 days a | fter filing.) | Pursuamet     | 5.605. <del>02</del> 0 |
|                  |                  | iis block does i<br>he Department  |               |                 | e statutory :  | filing requ  | irements,                  | this date     | will not be   | listed as              |
|                  |                  |                                    |               |                 |                |              |                            |               |               |                        |
| ecord speci      | ifies a dela     | ayed effective record is file      | ve date, I    | but not a       |                |              |                            |               |               |                        |
| c Jour day       | arca the         | record is (ii                      | cu.           |                 | * I ~          |              |                            |               |               |                        |
| i_ Nov           | <u>', []</u>     |                                    | , <u>20</u>   | 16              |                | BE M         | ADE A                      | 5 500         | N AS          | POSS                   |
|                  | ,                |                                    | _             |                 | ~              | <del>-</del> | 57·                        | _             |               |                        |
|                  |                  |                                    |               |                 |                | 1            | 201 ( 10-24                | 1             |               |                        |
|                  |                  | Signature                          | o a member    | or authoriz     | ed representa  | ative of a m | ember                      | <u> </u>      |               | -                      |

Page 3 of 3

Filing Fee: \$25.00