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SECRETARY OF STATE
FALLAHASSEF, FLORIDA

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COVER LETTER

Division of Cor				
SUBJECT:	Carpoint Au	to Sales LL (<u>C</u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	<u>Joaquin</u>	Name of Person		
	Miani	DMV LLC Firm/Company		
	16140 NW	83 P (Address		
	Miami	Lakes, A. 33	OID SEC	
	E-mail address: (to be used for future annual report noti	SECRETARY SECRETARY fication)	11
For further information co	oncerning this matter, please ca	at (305) 45: Area Code Daytim	2u r RRY OF SSEE.	FILED
Joaquin	J. mencz	a ₁ (305_)45:	T-8709 PST = 34	D
Name of	f Person	Area Code Daytim	Telephone Number	
Enclosed is a check for th	ne 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)	
Registr	ING ADDRESS:	STREET/COURI Registration Section	on	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Carpoint A	ito Sales LLC
(Name of the Limited Liability Com (A Florida Limite	i <mark>pany as it now appears on our records.</mark>) ed Liability Company)
The Articles of Organization for this Limited Liability Comparing Florida document number 4140 0000 263.	ny were filed on 01 62 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	2360 west 76 St Higleah Fl 33016
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Plantation FIEST
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new ere:
Name of New Registered Agent: A:\	en Marilin Cruz Hijuelos 491 NW 15 PI APT 303 Enter Florida street address
New Registered Office Address: \2	Enter Florida street address
Sun	rise , Florida 33323 City Zip Code
New Registered Agent's Signature, if changing Registered Ager	
I hereby accept the appointment as registered agent and a	gree to act in this capacity. I further agree to comply with the

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member						
<u>Title</u>	<u>Name</u>		Address				Type of Action
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ective date, 1 effective date	if other than the date is listed, the date must be sp	ecific and cannot be prio	r to date of filing or more	(optional than 90 days after filing) g.) Pursuant to 605.02(
te: If the dat	te inserted in this block d	loes not meet the applic	cable statutory filing re	equirements, this date	will not be listed a
cument s erre	ective date on the Departi	ment of State's records	i.		
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recora spe he 90th da	ecifies a delayed effe ay after the record i	ective date, but no is filed.	ot an effective tim	e, at 12:01 a.m.	on the earlier
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		Nu 12	and Far	22	
	Signa	ature of a member or auth	orized representative of	a grember	

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Filing Fee: \$25.00