114000161901

(Requestor's Nam	e)
(Address)	
(Address)	
(City/State/Zip/Pho	one #)
PICK-UP WAIT	MAIL
(Business Entity N	lame)
·	•
(Document Numb	er)
·	,
Certified Copies Certifica	tes of Status
Special Instructions to Filing Officer:	

Office Use Only



000295402420

02/13/17--01020--017 **25.00

2017 FEB 13 P 4: 03
SECRETARY OF STATE
AND ARASSEF, FLORIDA

ERUCE FEB 14 2017

COVER LETTER

TO: Registration S Division of Co			
UNIVERS SUBJECT:	SAL AUTO SALES LLC		
SOBOLCT.	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MONICA A LONDONO		
		Name of Person	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Firm/Company	
	1112 MANITOBA ST		
		Address	
	DELTONA FL 32725		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notificati	- ALCO 2011 _
For further information of	concerning this matter, please ca	all:	2017 FEB 13 SECRETARY ALLAHASSE
JUAN VELEZ		386 215-5415	مطلعما) مراجع
	of Person		ephone Number S A F: 03
Enclosed is a check for t	he 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNIVERSAL AUTO SALES LLC			
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on ou a Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability (Company were filed on OCTOBI	ER 16, 2014 and a	ssigned
Florida document number L14000161901			
This amendment is submitted to amend the following:			
A. 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	nited Liability Company," the designat	on "LLC" or the 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address address.	stered office address on our dress here:	records, enter the nam	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	ret address	
		, Florida	
	Ciţ	Zip Coc	k

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	MONICA A LONDONO	1112 MANITOBA ST	Add
		DELTONA FL 32725	☐ Renюve
			Change
***************************************			□ ∧dd
			Remove
			☐ Change
			Add
			A Control of the cont
			SSE GRAdd TO GRAdd TO GRAD HIS
			Add
			Remove
			☐ Change
			∩ ∧dd
			☐ Remove
			Change

	. •						_
					,		
						I II I I I I I I I I I I I I I I I I I	
				 			
		- 	· · · · · · · · · · · · · · · · · · ·				
		<u> </u>	<u> </u>				
						75° 23	
						FEB.	
						IASS	
						Hog U	
						FLORITO O	_
						- B	_
						•·····································	_
							_
							_
							_
(If an e Note:	ctive date, if other than the effective date is listed, the date in is: If the date inserted in this bearent's effective date on the l	ist be specific and block does not m	cannot be prior to eet the applical		nore than 90 days a		
the re	ecord specifies a delaye e 90th day after the re		ate, but not	an effective	time, at 12:0	1 a.m. on the ear	lier of:
	, FEBRUARY 7 _		2017				
	d TEBROART ,	· · · · · · · · · · · · · · · · · · ·					
) The	T.BROAKI	· · · · · · · · · · · · · · · · · · ·					
) The	TI.BROAKI	Signature of a m	nember or author	ized representativ	e of a member		

Page 3 of 3

Filing Fee: \$25.00