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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Same Day Auto Transport LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Changey Name of Person
Same Day Auto Firm/Company
10604 Poe St Address
Leesburg, Fl 34788 City/State and Zip Code
idiva 7540@ amail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Cheyney at (352) 455-9978 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	<u>_</u>	<u> </u>
The Articles of Organization for this Limited Liability Company were filed on 6/1/2015 Florida document number 15000095540	and a	issigned
This amendment is submitted to amend the following:	ı	
A. If amending name, enter the new name of the limited liability company here: Same Day Auto LC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbr	eviation	L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
<u> </u>	福.	*
Enter new mailing address, if applicable:	03	
(Mailing address MAY BE A POST OFFICE BOX)	<u>.</u>	
	. <u> </u>	
B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:	he! nam	e of the ne
Name of New Registered Agent:		<u> </u>
New Registered Office Address: Enter Florida street address		<u> </u>
, Florida	_	
City New Registered Agent's Signature, if changing Registered Agent:	Zip Coa	le
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree provisions of all statutes relative to the proper and complete performance of my duties, and I am factorized the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if being filed to merely reflect a change in the registered office address, I hereby confirm that the limit	miliar v this do	with and cument is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

<u>or removed (</u>	from our records:	•	Ï
MGR = M $AMBR = A$	anager uthorized Member	·	
<u>Title</u>	<u>Name</u>	Address	Type of Action
GRM	Jennifer Smith	10004 Poe Stleesburg, 34788 J.	FL X Add
			Remove
			Change
			
			Remove
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			Add
			□ Remove
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			□ Add □ Remove
			□ Change
			Add
			□ Remove
			□ Ghange
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			□ Remove
			Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

Effective date, if other than the date of filing: If an effective date is fissed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 665.02 More; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The effective date and the Department of State's records. The 90th day after the record is filed. Dated November 2017 Signature of a member or authorized representative of a member 7. Typed or printed name at signee	If amending any other information, enter change(s) here: (Attach additional sheets, if nece.	ssary.)	
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	Robert Cheuneu	1	
	Typed of printed name of signed	=	

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Filing Fee: \$25.00