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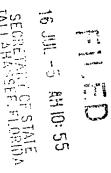
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporation			
CUBICAT	SUPER A	UTOS 77, LLC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of Am	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
		JONATHAN PERCHE	
		Name of Person	
		SUPER AUTOS 77, LLC	
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Firm/Company	
	11461	LAKESIDE DRIVE APT 4112	
		Address	
		DORAL, FL 33178	
		City/State and Zip Code	
_		ERCHE27@GMAIL.COM	
	E-mail address: (to	be used for future annual report notific	eation)
For further information conc	erning this matter, please ca	11:	
JONATHAN	PERCHE	786 296-6251	
Name of Pe	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the f	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

SUPER AUTOS	77, LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears (Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Company Florida document numberL16000046903	were filed on	03/17/2016	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here	<u> </u>			
N/A					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desi	ignation "LLC" or the abbr			
Enter new principal offices address, if applicable:	11461 LAKESIDE DRIVE APT 41125				
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FL 3317	8 25	-		
		<u> </u>	. <u>()</u> }		
Enter new mailing address, if applicable:	11461 LAKESIDE	E DRIVE APT 4112	E O		
(Mailing address MAY BE A POST OFFICE BOX)	DORAL, FL 3317		- (
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her			ne name of the nev		
Name of New Registered Agent:	0011111111				
New Registered Office Address:		E DRIVE APT 4112			
		a street address	22170		
	DORAL City	, Florida	33178 Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	•		zip Code		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this ca performance of m provided for in Ch	y duties, and I am far apt er 605, F.S. Or, if	niliar with and this document is		

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

AMBR JEAN C ORDUZ 7021 NW 103 COURT DORAL, FL 33178 AMBR MELVIN GARCIA 9954 NW 10 TERRACE	☐ Add ☐ Remove ☐ Change ☐ Add
	□ Change
AMBR MELVIN GARCIA 9954 NW 10 TERRACE	Add
AMBR MELVIN GARCIA 9954 NW 10 TERRACE	
MIAMI, FL 33172	Remove
	Change
AMBR JENNY VERONICA ALIZO 11461 LAKESIDE DRIVE	= Add
APTO 4112 DORAL, FL 33178	□ Remove
	Change
	Add
	□ Remove
	Change
CONFIDENCE OF A HANSEF F	Add Remove Change Change Add
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				06/23/2016	,		
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e record The 90t ated 🔏	h day after the	2016 Signature of a	nember or auto	frized representative	e of a member		Mangaran Man

Filing Fee: \$25.00