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COVER LETTER

Division of Corporations
SUBJECT: Tims Streamline Auto Sales 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:
Timothy P Carey-61ais
TIMS STREGMIINE Auto SGIES LLC Finn/Company
8113 Mattox AVC
Uackscaville FL, 32219 City/State and Zip Code
Timathy Careybluis @ yahoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tim Carey at (909) 778 - 5957 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$50.00 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**

Tims strea (Name of the Limited L (A)	m line	<u>, </u>	Auto	ی ک	765		<u> </u>
(Name of the Limited L (A F	<u>iability Compar</u> lorida Limited I	ny as it no liability Co	ow appears (ompany)	on our reco	ords.)		
The Articles of Organization for this Limited Liabil Florida document number $L 18000286$	lity Company 8 2 1 5	were file	ed on <u>12</u>	- 17-	2018	and	d assigned
This amendment is submitted to amend the following	ng:						
A. If amending name, enter the new name of the Stream Line The new name must be distinguishable and contain the words					LC" or the ab	 breviatio	m "L.L.C."
Enter new principal offices address, if applicable	e:						
(Principal office address MUST BE A STREET A	(DDRESS)				- 41 1		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>				i 2	03 E C 8 - 934 B	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered of address her	ffice ado <u>e</u> :	iress on o	our recoi	rds, <u>enter</u>	_	
Name of New Registered Agent:	Timoth	<u> </u>	<u>2 </u>	91e)	1-B19	15	
New Registered Office Address:	8113 /	MGt	Fox Enter Florid	<u>AVC</u> a street add	lress		
	Jacks	City	1116	,	Florida	.3	> 1 9 Code
Nam Dagistanad Agant's Signature if changing Regi	istered Agents	-					

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	Timothy P Carey-Blais	8/13 mattax AUC	
		Jackson Ville	Remove
		Florida, 32219	Change
			□ Add
			Remove
			Change
			□ Remove
			Change
			Add
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ecord specifi ne 90th day a	es a delayed effect after the record is t	ive date, iled.	but not an	effective ti	me, at 12	:01 a.m. d	on the earli ϵ
a febu	din C	20	019.				
	Signatur	e of a membe	or authorized	representative of	of a member	<u>-</u> -	
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