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(Re	equestor's Name)		
(Ac	ldress)	<u> </u>	
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PICK-UP	☐ WAIT	MAIL	
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TO: Registration Section
Division of Corporations

SELL YOUL CAR HELE, CON 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:

Ryan M. Kennedy
Name of Person

SELL YOUR CAR HEFT. COM LLC

Finn/Company

10180 METRO PKWY #6

Address

FORK MYERS FL 33966

RYANK 339 & GMAIL. COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RYAN M. KENNEDY

Name of Person

at (239)
Area Code

Daytime Telephone Number

Enclosed is a check for the 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

FILED 2015 SEP - 1 AM II: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## 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

gen M.

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	RYAN M. KENNEDY	10180 METRO PKWY #6	<b>X</b> Add
		10180 METRO PKUTY #6 FOR MYERS FL 33966	☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
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			□ Remove
			☐ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an et <b>Note:</b>	etive date, if other than the date of filing:  [Coptional]  ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60  [Coptional]  [Coptional]	05.0207 (3)(b) sted as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl e 90th day after the record is filed.	ier of:
Dated	D Avay 2015.	
	X O A A	
	Signature of a member of authorized representative of a member	
	Kichard Knaich	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00