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Office Use Only



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O SIMMONS

COVER LETTER

| Division of Corpor | | | | |
|--------------------------------|--|---|------------------------|--|
| SUBJECT: | YOUR CAR Name of Limi | HERE CO | in LLC | |
| ' | Name of Limi | ited Liability Compa | ıny | |
| | | | | |
| The enclosed Articles of Am | endment and fee(s) are sub- | mitted for filing. | | |
| Please return all corresponde | nce concerning this matter | to the following: | | |
| | Richard | Bonist | | |
| • | 1. | Name of Per | ion | |
| | Richard Sell Your | CAR HE | VE. Com | LLC |
| | | Firm/Compa | ny | |
| | 3105 Fow | LER SI | | |
| | | Address | | |
| | FORA MU EGZACTO @ | EU FL | 33901 | |
| | | City/State and Zi | p Code | |
| | EGZACTO @ | GMAIL. CO | annual report notifica | |
| | E-mail address: (t | to be used for future | annual report nourica | ation) |
| For further information conce | erning this matter, please ca | ıll: | | |
| Richard Benisti | | at (202 | 369-7 de Daytime T | 875 |
| Name of Per | rson | Area Co | de Daytime T | Celephone Number |
| | | | | |
| Enclosed is a check for the fo | ollowing amount: | | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filin Certified C (additional co | | ☐ \$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

| Sell Your CAR | HELE. | Con 1 | 4 | | | |
|---|--------------------------------------|---------------------------------------|-----------------|--------------------|----------------------|--|
| (Name of the Limited (A | Liability Compa Florida Limited I | ny as it now app Liability Company | ears on our r | ecords.) | | |
| The Articles of Organization for this Limited Liab | ility Company | were filed on _ | 8/19 | 114 | | |
| This amendment is submitted to amend the follow | ing: | | | | - - - | |
| A. If amending name, enter the new name of the | <u>ne limited liab</u> | ility company | <u>here</u> : | | W. | |
| The new name must be distinguishable and contain the word | ls "Limited Liabil | ity Company," the | e designation ' | "LLC" or the a | bbreviation "L.L.C." | |
| Enter new principal offices address, if applicab | le: | 3105 | Fauil | a st | :] | |
| (Principal office address MUST BE A STREET | ADDRESS) | FORT M | wers F | L 3390 | : 1 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 3105 Faulte St FORT MYRAN FL 33901 | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered offic | | | on our rec | ords, <u>enter</u> | the name of the nev | |
| Name of New Registered Agent: | Richard | Benish | <u> </u> | | | |
| New Registered Office Address: | 3165 | FowVER | st | | | |
| | | Enter F | | | 339ni | |
| | +0121 | meer | | , Florida | Zin Code | |

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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager

AMBR = Authorized Member

| <u> 1 itte</u> | <u>Name</u> | Address | Type of Action |
|----------------|--|---------------------|----------------|
| Pristagent | RYAN KENNEDY | 16180 METRO PKUM #6 | Add |
| | | FOR MERS FL 33966 | Remove |
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| | e date, if other than the date of filing: (optional) | |
| ective | e date, if other than the date of filing: 6 / (optional) tive 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: | 5 /1 |
| te: If | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list | ed |
| umen | t's effective date on the Department of State's records. | |
| recor | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli | er |
| | Oth day after the record is filed. | |
| | JUNE 1 5t 2517 | |
| ed | $\frac{1}{2}$ | |
| | /12/11.00) | |
| | Signature of a member or authorized representative of a member | |

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Filing Fee: \$25.00