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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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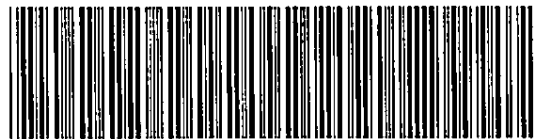
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 03 2017  
J CHIVERS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Quicksell Auto 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:

Michael Morris

Name of Person

Quicksell Auto LLC

Firm/Company

1241 Lake Lucerne Circle

Address

Winter Springs, FL 32708

City/State and Zip Code

mpmorris803@yahoo.com

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

For further information concerning this matter, please call:

Michael Morris

808 954-1425  
at ( )

Name of Person

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**

Quicksell Auto LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 14, 2017 and assigned  
Florida document number L17000130037.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

540 N. State Road 434 Suite 7804

**(Principal office address MUST BE A STREET ADDRESS)**

Altamonte Springs, FL 32714

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip 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, 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>      | <u>Address</u>          | <u>Type of Action</u>                      |
|--------------|------------------|-------------------------|--------------------------------------------|
| manager      | RORY B. SWINDELL | 109 Overoaks Pl         | <input checked="" type="checkbox"/> Add    |
|              |                  | Sanford, FL 32771       | <input type="checkbox"/> Remove            |
|              |                  |                         | <input type="checkbox"/> Change            |
| agent        | Michael Morris   | 1241 Lake Lucerne Cir   | <input type="checkbox"/> Add               |
|              |                  | Winter Springs FL 32708 | <input checked="" type="checkbox"/> Remove |
|              |                  |                         | <input type="checkbox"/> Change            |
| mgr          | Michael Morris   | 1241 Lake Lucerne Cir   | <input checked="" type="checkbox"/> Add    |
|              |                  | Winter Springs FL 32708 | <input type="checkbox"/> Remove            |
|              |                  |                         | <input type="checkbox"/> Change            |
|              |                  |                         | <input type="checkbox"/> Add               |
|              |                  |                         | <input type="checkbox"/> Remove            |
|              |                  |                         | <input type="checkbox"/> Change            |
|              |                  |                         | <input type="checkbox"/> Add               |
|              |                  |                         | <input type="checkbox"/> Remove            |
|              |                  |                         | <input type="checkbox"/> Change            |
|              |                  |                         | <input type="checkbox"/> Add               |
|              |                  |                         | <input type="checkbox"/> Remove            |
|              |                  |                         | <input type="checkbox"/> Change            |

17 OCT -2 AM 7:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 OCT -2 AM 7:18'S  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 7, 2017.

Signature of a member or authorized representative of a member

Michael Morris  
Typed or printed name of signee