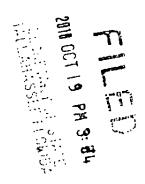
## L18000226197

Office Use Only



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## **COVER LETTER**

TO:	Registrat Division o				
enn in		OR COU	RIER SERVICES ETC, LLC		
SUBJE	.U.I:		Name of Limi	ted Liability Company	<del></del>
			nendment and fee(s) are subtence concerning this matter		
			SOUAD CHAAR		
				Name of Person	
				Firm/Company	
			9335 SW 117 AVENUE		
				<del></del>	
			MIAMI, FL 33186		
			S-ABUHANTASH@HOTM	City/State and Zip Code AAIL.COM	
		-	<del>-</del>	o be used for future annual report notification)	
For fur	ther informa	ntion conc	terning this matter, please ca	ıll:	201
SOUA	D CHAAR			786 537-6510 at()	ne Number
	,	lame of Po	rson	Area Code Daytime Telephor	\$60.00 Filing Fee.
Enclose	ed is a chect	c for the f	ollowing amount:		· ·
□ \$25	5.00 Filing I	ee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ : Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Opy (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

(Mailing address MAY BE A POST OFFICE Between B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:  New Registered Office Address:	r registered office address on our records, enter	20 oCT 19 PM 3: 84	the new
B. If amending the registered agent and/or registered agent and/or the new registered office agent and/or the new registered of the Name of New Registered Agent:	r registered office address on our records, <u>enter</u> ice address here:	001 19 PM	the new
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, enter	007 19 31 74 75 74 75 88	the new
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, enter		the new
B. If amending the registered agent and/o	r registered office address on our records, enter	the name OCT	the new
B. If amending the registered agent and/o	r registered office address on our records, enter	the name of	the new
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
	ox)		
Enter new mailing address, if applicable:			<del></del>
		······································	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new principal offices address, if applical	ble:		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.	
SENOR CAR SALES, LLC			
A. If amending name, enter the new name of t	the limited liability company here:		
This amendment is submitted to amend the follow	ving:		
Florida document number 1.18000226197			
		and assig	ned
The Articles of Organization for this Limited Liab			
The Articles of Organization for this Limited Liab			
	I Liability Company as it now appears on our records.) A Florida Limited Liability Company)		

## 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>	Address	Type of Action
MGR	BURGUESS LAURISTON SHAUN	9335 SW 117 AVENUE MIAMI, FL 33186	Add
			☐ Remove
			□ Change
MGR	SOUAD R CHAAR	9335 SW 117 AVENUE MIAMI, FL 33186	
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add Remove
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Effective date, if other than the	date of filing:	(optio	nal)
Note: If the date inserted in this bl	st be specific and cannot be prior to date o ock does not meet the applicable stat	tutory filing requirements, this	date will not be listed as t
	epartment of State's records.		
document's effective date on the D		ffactive time at 12:01 a	m on the earlier of:
document's effective date on the D	d effective date, but not an e	nective time, at 12:01 a.	.m. on the corner or
he record specifies a delayed	d effective date, but not an efford is filed.	rrective time, at 12:01 a.	in. on the earner or.
he record specifies a delayed The 90th day after the rec	ord is filed.	rrective time, at 12.01 a.	mi. on the earlier or.
he record specifies a delayed The 90th day after the rec	d effective date, but not an efford is filed.	rrective time, at 12.01 a.	in. on the earlier of
he record specifies a delayed The 90th day after the rec	ord is filed.		

Page 3 of 3

Filing Fee: \$25.00