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COVER LETTER -

Division of Co	i por acions		
Stuart Hyu SUBJECT:	ındai, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	William Wallace		
		Name of Person	
	William Wallace Enterpri	ses, Inc.	
		Firm/Company	
		Address	
	Stuart, FL 34997		
		City/State and Zip Code	
	betsyargraves@wallaceauto		
	E-mail address: (to be used for future annual report notifi	,
For further information c	oncerning this matter, please c	all:	7.11.1.3.7. 7.11.1.3.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7
Amy Vanilla		772 872-0010 at ()	
N'ame o	f Person	Area Code Daytime	Telephone Number i^{2} , i^{2}
			<u></u>
Enclosed is a check for th	ne 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

TO:

Registration Section

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

Stuart Hyundai, LLC		
(<u>Name of the Limited 1</u> (A.)	Jahility Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number <u>L02000007552</u>	lity Company were filed on 03/28/2002	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the ab	previation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		- 254 - 100
(Mailing address MAY BE A POST OFFICE BO)		
B. If amending the registered agent and/or a	registered office address on our records, enter-	111
registered agent and/or the new registered office	address here:	i.
Name of New Registered Agent:		- - -
New Registered Office Address:	Enter Florida street address	- <u>-</u> .
_	, Floric	

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
S	Judith L. Powell	494 Krueger Creek Place	
		Stuart, FL 34996	■ Remove
			Change
S	Elizabeth D. Argraves	9037 SE Sandy Lane	
		Hobe Sound, FL 33455	Remove
			Change
			
			□ Remove
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Effective date, if other than the If an effective date is listed, the date must	be specific and ca	unot be prior to o	date of filing or mo	re than 90 days aft	er filing.) Pu	ırsuanilto 6	05. 0207
Note: If the date inserted in this blo document's effective date on the Do	ock does not mee	et the applicabl	e statutory filing	requirements, th	iis date wil	Lnot be li	sted as
					e.	لار) 	
ne record specifies a delayed The 90th day after the reco	effective dat ord is filed.	te, but not a	in effective ti	me, at 12:01	a.m. on	the ear	lier of
Dated October Sth	1	2017					
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Page 3 of 3

Filing Fee: \$25.00