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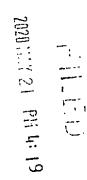
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Amend

JUN 1 2 2020 I ALBRITTON

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: MCCR	Name of Limi	SALES LLC ited Liability Company	<u>-</u>
The enclosed Articles of Art Please return all corresponde			
	GERALD	Name of Person	
	MCCBARY	A470 SACE Firm/Company	5 4 6 6
	PO BOX //	82 ₁ Address	
	DAYTONA	City/State and Zip Code City/State and Zip Code Code	32120
For further information conc		_	tication)
_		at (336) (320 - Area Code Daytim	e Telephone Number
Enclosed is a check for the f	ollowing 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 Sec Division of Cor P.O. Box 6327 Tallahassee. FL	porations	Street Address: Registration Section of Coron The Centre of 1	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCCRARY AUTO SALES LLC

(<u>Name of the Limited Lia</u> (A Flo	<u>ibility Company as it now appears on our re</u> orida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabilit Florida document number <u>LOY00086/8</u>	y Company were filed on <u></u> んめく <u>3</u> さ	2004 and assigned
This amendment is submitted to amend the following	ŗ	
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:		
(Principal office address MUST BE A STREET AL	ODRESS)	
		12
Enter new mailing address, if applicable:		至亡
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address her	_	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
_	City	_, Florida Ziv Code
	Cuỳ	Zif/ Couc

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
MGRH	GERALD MCGRARY	DAYTONA BEACH, FL 3211	<u>f</u> D≥∕∕Gdd
			□Remove
			□Change
<u>~</u>	WALTED MCCRAIRY	122 HARNEY ST. DAYTOLABEACI, FC 3211	<u>}</u> □Add
			E-Remove
			□Change
			🗆 Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
			□Add
		•	□Remove
			Change
			□Add
			□Remove
			□Change

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