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COVER LETTER

TO: Registration Sec Division of Corp	ction porations				
	nt Company of Florida,	LLC			
SUBJECT:	Name of Limit	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please return all correspo	ndence concerning this matter t	o the following:			
	Tommy D. Permente	r, Jr., Esq.			
		Name of Person			
	The Permenter Law	Firm, P.A.			
		Firm/Company			
	2201 S.E. 30th Aven	ue, Suite 202			
		Address			
	Ocala, Florida 34471				
		City/State and Zip Code			
	tommy@permenterla		530	2	
	E-mail address: (t	o be used for future annual report notifica	tion)	بر <u>ع</u> بي ن	
For further information of	concerning this matter, please ca	ill:	tion)	2015 JAN 2	9.28 TABLE
Tommy D. Permer	nter, Jr., Esq.	352 622-1811	ဟံ ဟံု 	္ရ ယ	
Name of Enclosed is a check for t	of Person		elephone Number	TT	Encorate Control
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	C) \$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

Investment Company of Florida,	LLC	
(Name of the Limited Link (A Flor	ollity Company as it now appears on our records.) inda Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L06000048588	Company were filed on May 10, 2006	and assigned
This amendment is submitted to amend the following:	;	
A. If amending name, enter the new name of the li	imited liability company here:	
Optimum Dealership Group, LLC		
The new name must be distinguishable and end with the words '	'Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:	gistered office address on our records, enter th	ne name of the new
New Registered Office Address:		題を下
	Enter Florida street address , Florida	SSEE S
	City	Zip Code K
New Registered Agent's Signature, if changing Registe	ered Agent:	習が、口
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of my duties, and I am far I agent as provided for in Chapter 605, F.S. Or, if ered office address, I hereby confirm that the limi	miliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member		
<u> Name</u>	<u>Address</u>	Type of Action
		□ Add
	<u>. </u>	Remove
		Add
		□ Remove
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		SSEE FLORIDA Add
		□ Add

. If amending any other information, enter change(s) here: (Attack	additional sheets, if necessary.)
•	·
	
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Effective date, if other than the date of filing:	(optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	d cannot be more than 90 days after
Dated January 19, 2015.	
Dated January 1	
Signature of a member or authorized repre	esentative of a member
Denver R. Beck	
Typed or printed name of	

Page 3 of 3

Filing Fee: \$25.00

2015 JAN 23 PH 4: 20