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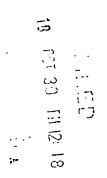
(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

. Divi	ision of Corp	porations		
SUBJECT:	-	to Sales and Service, LLC		
		Name of Limit	ed Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are subn	nitted for tiling.	
Please return	all correspor	ndence concerning this matter to	o the following:	
		Robert J Dollar		
			Name of Person	<u> </u>
	Parkway Auto Sales and Service, LLC			
			Firm/Company	
	6010 NW 77th Court			
			Address	
		Miami, FL 33166		
		bdollar@truckmax.com	City/State and Zip Code	
		E-mail address: ()	be used for future annual report notifications	ntion)
For further in	nformation co	oncerning this matter, please cal	И:	
Robert J Dol	lar		305 777-9000 x722	7
Name of Person Area Code Daytime Telephone Number			elephone Number	
Enclosed is a	check for the	e following amount:		
\$25.00 F	iling 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

TO:

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

Parkway Auto Sales and Service, 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 $\frac{12/04/2007}{1}$ and assigned Fiorida document number 1.07000120478 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 "LEC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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

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.

City

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	Michael M. Feenane	6628 SW 65 Street Miami, FL 33143	
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ffective date, if other than the date of filing:	(optional)
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory to ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	ve time, at $12{:}01$ a.m. on the earlier o
rated October 29th 2018	
hall loll	
Signature of a member or authorized representa	ative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00