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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: New Look Auto Sales, LLC - Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Enel Leonard
Name of Person
New hook Auto Sales, LLC.
Типосоправу
1601 S. Orange Blossom Trail
Address
Orlando, 7L 32805 City/State and Zip Code
Cíty/State and Zip Code
E-mail address: (to be used for future annual report notification)
•
For further information concerning this matter, please call:
Enel Leonard at (321) 436-4950 Name of Person Area Code Daytime Telephone Number
Name of reison Area Code Daytine reiephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certifica

### 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

Name of the Limited Liability (A Florida	ity Company as it now appears on our records.) Is Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability C Florida document number $\angle 0800002646$	Company were filed on 3/13/2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the words "Li	imited Liability Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address registered agent and/or the new registered office address registered registered office address registered registered office address registered	•	ne name of the new
Name of New Registered Agent:		(C)
New Registered Office Address:	Enter Florida street address SS	SEP 10 A
The second of th	City	Zip Tode
New Registered Agent's Signature, if changing Registere	ed Agent:	5
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the registered	complete performance of my duties, and I am far agent as provided for in Chapter 605, F.S. Or, if	miliar with and this document is

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Enel Jeonard	5504 old MALSE WAY ALL	∑ <b>tid</b> Add
			Remove
AMBR	Jean M. Petiote	1/473 Nw 43rd ST, Coral Strings JF	33065 /_ @ Add
			□ Remove
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effective date must be speci date this document is filed b	ific, cannot be prior to date of receipt or filed date and cannot be more by the Florida Department of State)	
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effective date must be speci date this document is filed b	ific, cannot be prior to date of receipt or filed date and cannot be more by the Florida Department of State)	than 90 days after

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Filing Fee: \$25.00

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