Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((11200000717553)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DOSEPH N. PERLMAN

Account Number : I20000000002 : (727)536-2711 Fax Number : (727)536-2714

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: Value First Auto@ gmail

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VALUE FIRST AUTO SALES, LLC

Certificate of Status	U	
Certified Copy	0	
Page Count	05	
Estimated Charge	\$25.00	

Electronic Filing Menu Corporate Filing Menu

MAR 0 4 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALUE FIRST AUTO SALES, L		
(Name of the Lim	ited Liability Company as It now appears of (A Florida Limited Liability Company)	n our recurds.)
The Articles of Organization for this Limited I		/2008 and assigned
This amendment is submitted to amend the fol		
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 design	gnation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ETADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE		
	· - · · -	
		ands anto-the name of the new numbers
B. If amending the registered agent and/or agent and/or the new registered office addr		orus, enter the name of the new register
Name of New Registered Agent:	DONALD CHARLES COZZOLA,	Jr C.
New Registered Office Address:	8021 4TH STREET N	a street caldress
	ST. PETERSBURG	
	City	, Florida 33702 Zip Code

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 Agen

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
.						
			□Remove			
		· · · - · · · · · · · · · · · · · · · ·	□Change			
			□Add			
			f Remove			
		·	□Add			
			l JRemove			
			□Change			
		· -				
			□Remove			
			Change			
			□Add			
			□Remove			
			□Change			
			□Adđ			
			□Kemove			
			□Change			

 	··		<u>_</u>	<u> </u>	_
					· ·-
					
				 <u></u> -	
					
				· · · · · · · · · · · · · · · · · · ·	
- ·	-· - -	 			_
		· 			
_ ,	 -				
	··-				
Note: If the date inser	ter than the date of filed, the date must be specified ried in this block does not late on the Department of	ot meet the applicable	are of filing or more the statutory filing req	nirements, this date will	ouant to 605,0207 (3)(b) not be listed as the
If the record specifies a del record is filed.	layed effective date, but a	not an effective time,	at 12:01 a.m. on the	cearlier of: (h) The 90	th day after the
Dated	3/2020 Cliffy Signorure of	Ta member or Hulborize	d representative of a	neinber	