## LD9000106936

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Only File Explication 1)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
•					
Special Instructions to Filing Officer:					
apecial instructions to 1 imig officer.					
·					
e,					
·					

Office Use Only



500172009375

03/16/10--01016--013 \*\*30.00

FILED

10 MAR 16 PM 12: 46

SECRETARY OF STATE
ALLACSSEE FI ORIDA

## COVER LETTER \*

	Registration Section Division of Corporations			
SUBJEC	T: America's Motor Sales, LLC			
	Name of Limited Liability Company			
The encl	used Articles of Amendment and fee(s) are submitted for filing.			
Please re	urn all correspondence concerning this matter to the following:			
	Wilmarie Cartagena			
Name of Person				
	America's Motor Sales, LLC			
Firm/Company				
	P.O. Box 806			
	Address			
	Summerfield, FL 34492			
	City/State and Zip Code			
	americasmotorsales@gmail.com  E-mail address: (to be used for future annual report notification)			
For furth	er information concerning this matter, please call:			
Wilm	Name of Person at (350) 347 -0130  Area Code & Daytime Telephone Number			
Enclosed	is a check for the following amount:			
\$25.0	O Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  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

FILED

10 MAR 16 PM 12: 46

SECRETARY OF STATE
ALLAHASSEE: FLORIDA.

America's Motor Sales, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Nov 5 2009 The Articles of Organization for this Limited Liability Company were filed on and assigned L09000106936 Florida document number \_\_\_ 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 end with 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 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRm	Josias Reyes	13336 Sw 2nd Ct.	Add  ✓ Remove
		Ocala, Fl 34473	V] Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
<del></del>			Add Remove
			Add
<del></del>			Add Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necesse	<del>_</del>
_			10 % SECI
			FILE O MAR 16 ECONETARY ALLAHASSE
			PM 12:
Dated	,		ATE 91:
	Signature of a m	mber or authorized representative of a member Wilmarie Cartagena	
		yped or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00