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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	Name of Limited Liability Company	
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.	•
Please	e return all correspondence concerning this matter to the following:	
	Carlos Rendon Name of Person	
	Prestige Automotive Center, LL	<u> </u>
	930 SiE, 9th Lane Unit#1	ZOII AUG - I SECRETARY FALL AHASSI
	Cape Coral, FL 3890 City/State and Zip Code Pressing 2010@ Comcast inct E-mail address: To be used for future annual report	notification)
For fur	E-mail address: (to be used for future annual report	notification)
	Carlos Ardon at (239) 677- E	ytime Telephone Number
Enclose	sed is a check for the following amount:	
X \$25	5.00 Filing Fee \$\bigcup \text{\$\text{\$\subset}\$30.00 Filing Fee & \text{\$\subset}\$\$ \$\text{\$\subset\$\subset\$\$\text{\$\text{Certified Copy}\$}\$ (additional copy is enclars)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: STREET/CO Registration Section Registration Section	URIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(No. 25 Ab. 1 Smite J 1 S. L. 11 C.		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company)	<u>'as.</u>)
he Articles of Organization for this Limited Liability Company	y were filed on	and assigned
lorida document number <u>Llococco 7462</u> .		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lial	bility company here:	
e new name must be distinguishable and end with the words "Lim.L.C."	ited Liability Company," the design	ation "LLC" or the abbreviation
iter new principal offices address, if applicable:	·	75 SE
rincipal office address MUST BE A STREET ADDRESS)		CRETARY LAHASSEE
		AS AS
		SE Y
ter new mailing address, if applicable:		
Tailing address MAY BE A POST OFFICE BOX)		GA NO
uning dudress MAT BE A FOST OF FICE BOX)		<u> </u>
If amending the registered agent and/or registered o	ffice address on our records, g	enter the name of the ne
gistered agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		ida
	City	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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** morm Eury E, Fowler ☐ Add Remove ☐ Add □ Remove ☐ Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00