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2014 FEB 14 PH 2: 27
SECRETARY OF STATE

COVER LETTER

TC	Division of Corp			
SU	BJECT:N	MACHADO'S A	AUTO SELL LLC	
		Name of Lim	ited Liability Company	
Th	e enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Ple	ease return all correspor	ndence concerning this matter	to the following:	
		IFR	AIN MACHADO	
			Name of Person	
		<u>MACHAL</u>	DO'S AUTO SELI	L LLC
			Firm/Company	
		52	0 SE 5 STREET	
			Address	
		HIA	LEAH FL 33010	
		ezfinancing123@	City/State and Zip Code	
			to be used for future annual report notific	cation)
For	r further information co	oncerning this matter, please co	all:	
	Ifrain	Machado	_{at (} 786 ₎ 208-13	332
	Name of	Person		Telephone Number
En	closed is a check for th	e following amount:		
	\$25.00 Filing 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
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
2014 FEB 14 PM 2:27
FALLAHASSEE. FLORION

MACHADO'S AUTO SELL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

•			-110%
The Articles of Organization for this Limited Liab	ility Company were filed on	March 19, 2010	and assigned
Florida document number L1000003071	9		-
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability company h	ere:	
Macha	ido Auto Sales LLC		
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	le: N/A		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent:		our records, enter th	e name of the nev
· · · · · · · · · · · · · · · · · · ·	N/A		
New Registered Office Address:	· - · · · · · · · · · · · · · · · · · · 	rida street address	
		. Florida	
•	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 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 Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		N/A	□ Add
			Remove
			Add
			□ Remove
			□ Remove
			Add
			□ Remove
			□ Add
			□ Remove

				
				
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Page 3 of 3

Filing Fee: \$25.00