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(Re	equestor's Name)	
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MR 28 2017 J. HARRIS

COVER LETTER

TO: Registration S Division of Co	ection rporations		i
SUBJECT: CQ	Sh Auto Sa Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Marie Evan Cash Auto So	Name of Person Name of Person Firm/Company	· · · · · · · · · · · · · · · · · · ·
	6912 5.Pm	e Ave Address	
	_	City/State and Zip Code CLC Q Gmail. Cor to be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca		,
Maric Ela	ns or David Est	at (<u>354</u>) <u>867-</u> Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
MAII	INC ADDRESS:	STREET/COURTS	ED ANNDESS.

MAILING 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

Cash Auto Sales	LLC	
(Name of the Limited Liability Compa (A Florida Limited		
The Articles of Organization for this Limited Liability Company Florida document number 27-22-1933 LIO	were filed on 3-3	20-10 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		<u> </u>
		P S S S S S S S S S S
		25
Enter new mailing address, if applicable:		1 00000
(Mailing address MAY BE A POST OFFICE BOX)	—• ··• ·· ·· ··	nd Park
		69 5 7
		
B. If amending the registered agent and/or registered of		cords, enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u> **Address Type of Action** <u>Name</u> Marie Larocco □ Add □ Remove Marie Evans Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Remov □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than	(optional)	muant to 605 0207
e: If the date inserted in this block does not meet the applicable statutory filing requir	ements, this date will	not be listed as
ument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, a	nt 12:01 a.m. on	the earlier of
he 90th day after the record is filed.		
4/20/19	•	7 >
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Page 3 of 3

Filing Fee: \$25.00