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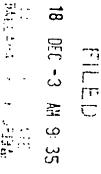
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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J. LEGGETT JAN 04 2018

COVER LETTER

	Registration Se Division of Cor			
¢1101E7		UTOMOTIVE SUPERS FORE	ES, LLC	
SUBJEC	T:	Name of Luni	ted Liability Company	
The encl	used Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Piease re	turn all correspo	ndence concerning this matter t	to the following:	
		ROBERT AGUTAR		
			Name of Person	
			Firm/Company	
		605 EAST ROBINSON ST	`#45()	
			Address	
		ORLANDO, FL 32801		
			City/State and Zip Code	
		JONATHAN@MYCPASO! E-mail address. (t	o be used for future annual report noti	fication)
For furth	er information co	oncerning this matter, please ca	il:	
£	Subject Nume of	AgulAV Person	at (508_)5Q_1 - Area CodeDaytime	-OLO O c Telephone Number
Enclosed	l is a check for th	e following amount:		
⊞ \$25.0	60 Fi ing 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

AGUIAR AUTOMOTIVE CONSULTANT	S. LLC	
(<u>Name of the Limited Liabil</u> [A Florid	ity Company as it now appears on our records. i: Limited Liability Company))
The Articles of Organization for this Limited Liability C Florida document number 111000007656		and assigned
Florida document number	"	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
AGUIAR AUTOMOTIVE SUPERSTORES,LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:) OEC =
Principal office address MUST BE A STREET ADDI	RESS)	ω I
		7 T
		γ (0
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		•
B. If amending the registered agent and/or regis		enter the name of the no
egistered agent and/or the new registered office add	<u>lress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
 -	Сіцу	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>	Name	Address	Type of Action
			Add
			Remove
			Change
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ffective date, if other than the an effective date is listed, the date must	he specific and	g: d cannot be prior	to date of filing or	more than 90 day	(optional) s after filing.)	Pursuant to 605,020
				ling requiremen	ts, this date	will not be listed a
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Page 3 of 3

Filing Fee: \$25.00