#L/1000033665

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

K. SMY EXAMPER WAR 3 1 2015

COVER LETTER

Div	ision of Corpo	rations		
SUBJECT:	CAR DEP	OT AUTO SALES LLO	C .	
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	lence concerning this matter	to the following:	
		JARIEL MONTANO		
			Name of Person	
		CAR DEPOT AUTO	SALES LLC.	
			Firm/Company	
		13450 SW. 134 AVE	SUITE #11	
			Address	
		MIAMI, FLORIDA, 3	3186	
			City/State and Zip Code	
		CARDEPOT@OUTL	OOK.COM	
		E-mail address; (t	to be used for future annual report notificati	ion)
For further in	nformation con	cerning this matter, please ca	all:	
JARIEL N	ONTANO		305 992-3939	
	Name of P	erson		lephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

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
2015 MAR II PM 3: 50

CAR DEPOT AUTO SALES LLC. (Name of the Limited Liability Company as it now appears on our records.)/
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{3/21/11}{2}$ Florida document number <u>L11000033665</u> 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." 13450 SW. 134 AVE SUITE #11 Enter new principal offices address, if applicable: MIAMI, FL. 33186 (Principal office address MUST BE A STREET ADDRESS) 13450 SW. 134 AVE SUITE #11 Enter new mailing address, if applicable: MIAMI, FL. 33186 (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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida _

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

MGR = 1 AMBR =	Manager Authorized Member	•	HILED	
<u>Title</u>	<u>Name</u>	Address	2015 MAR II PM 3: 50	Type of Action
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Page 3 of 3

Filing Fee: \$25.00