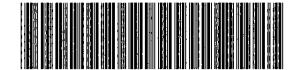
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COVER LETTER

Division of Corporations
SUBJECT: TUADO AUTO SALES LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
FRELLY 5 GONZALEZ Name of Person
FIRELLY 5 GONZALEZ Name of Person VIVALO AJTO SALES LLC Firm/Company
1966 Windelest LAKE cir.
ORlando FL, 32824 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FREALY Gonzalez at (40?) 855 5199. Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$

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

- ORA OSAVIV	SAIES 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 Compa	ny were filed on <u>APZII 13, 2011</u> and assigned
Florida document number <u>L110000 44103</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and end with the words "LiL.L.C."	imited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	POBOX 772197 ONMAD FL 32877
(Mailing address MAY BE A POST OFFICE BOX)	OPLANDO FL 32877.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address had been address had been been been been been been been bee	office address on our records, enter the name of the new ere:
New Registered Office Address:	Section 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Enter Florida street address # 16
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>1t:</u>
he provisions of all statutes relative to the proper and con accept the obligations of my position as registered agent a peing filed to merely reflect a change in the registered offi- company has been notified in writing of this change.	gree to act in this capacity. I further agree to comply with inplete performance of my duties, and I am familiar with and its provided for in Chapter 608, F.S. Or, if this document is ce address, I hereby confirm that the limited liability hanging Registered Agent. Signature of New Registered Agent

Page 1 of 2

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 Title <u>Name</u> Address Type of Action MG2 1227 CARRY Glen circle Add CALLOS ROMAN Remove $\prod Add$ Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member K OM as.
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00