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| PICK-UP WAIT MAIL                       |  |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |
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| L. SELLERS                              |  |  |  |  |  |
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SECRETARY OF STATE
FALL AHASSEE, FLORIDA

## **COVER LETTER**

| TO: Registration Section Division of Corporations   | ***  |
|---|--|
| SUBJECT: Di 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:                 |  |
| Lynn Fox Name of Person   | <del></del>  |
| DL Auto Sales, LLC<br>Firm/Company  | ·<br>—   |
| 11638 NW 2nd DR   |  |
| Coral Springs FL 33071  dity/State and Zip Code   |  |
| Advotcarpet @ Vahoo Com Email address: (to be used for future annual report notification) | <del></del>  |
| For further information concerning this matter, please call:                              |  |
| Name of Person at (954) 829-8735  Name of Person Area Code & Daytime Telephone Num        | mber   |
| Enclosed is a check for the following amount:   |  |
| Certificate of Status Certified Copy Certi (additional copy is enclosed) Certi            | Filing Fee,<br>ficate of Status &<br>ified Copy<br>itional 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 AFITICLES OF ORGANIZATION OF

| CIL Aut  |   |  |   |   |
|--|---|--|---|---|
| (Name o the Lin itself Lin (A Fi   | shility Company<br>orida Limited Lia                            | as it now appears<br>bility Company)   | on our records.   |   |
| The Articles of Organization for this Limited Liabi  | lity Company w<br>-36   | vere filed on Aug                      | ust 8,2011  | and assigned  |
| This amendment is submitted to accend the following  | ing:  |  |   |   |
| A. If amending name, enter the pw manue of th  | e Amited Habil  | ity company here:                      |   |   |
| The new name must be distinguishab and en i with the "L.L.C."  | he words "Limite  | d Liability Company                    | ," the designation  | LC" or the abbreviation                                   |
| Enter new principal offices addr: 32, if ag plicabl  | le:   |  |   |   |
| (Principal office address MUST 1: § A ST) (EET)  | (DDRESS)  |  |   |   |
| Enter new mailing address, if applicable.  (Mailing address MAY BE A POL TOFF) C.5 RO  | <u> 220</u>   |  |   |   |
| B. If amending the registered agent anti/or registered agent and/or the new registered affic   |   |  | r records, <u>enter</u>                                       | the name of the new                                       |
| Name of New Registered Agent:  | Damin   | ic Ciai                                | 1atto   | 12 I  |
| New Registered Office A kiress:  | <u> 2213</u>  | Sheridan                               | St.   | TR F  |
|  | Hol   | Ly wood                                | r Florida street au<br>, Florida _                            | SS SS STORY   |
| New Registered Agent's Signature,   f chang m; Reg   | istered Agent:  | Cny                                    |   | TATE LORIDA   |
| I hereby accept the appointment as registered a<br>the provisions of all statutes relative to the prop<br>accept the obligations of my postion as register<br>being filed to merely reflect a change in the reg<br>company has been notified in writing of this change | per and comple<br>red agent as pr<br>ristered office a<br>ange: | te performance of<br>ovided for in Cha | f my duties, and I<br>pter 608, F.S. Or<br>confirm that the I | am familiar with and if this document is inited liability |

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 Type of Action <u>Address</u> Title Name □ Add Remove Remove ☐ Add Remove □Add Remove Rumove D. If smending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Typed or printed name of signee LAWRENCE

Page 2 of 2

Filing Fee: \$25.00