## 2/1000/30692

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

K. SALY NOV 13 2017

## · COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJE	<sub>ст:</sub> 5	ailfish Auto	broup	LLC	
~~		Name of Limi	ted Liability Company		
m!					
		Amendment and fee(s) are submodence concerning this matter			
r tease r	ettiin an correspoi			1	<del></del>
		Arthu	1r (0	tua	<u>no</u> Jc
		Sailfish	Name of Person Auto	600	o LLC
		10733	5W 14	th PI	
		Davie	Address	<i>3332</i>	Y
		Sailfishau E-mail address: (1	City/State and Zip Co	de graf report notif	Con dication)
For furt	her information co	oncerning this matter, please ca	all:		
	Vincent	Lenting	at (_561)	67	6-6853
	Name of	f Person	Area Code	Daytime	e Telephone Number
Englose	ad is a shook for th	ne following amount:			
	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is	•	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Be	ation Section on of Corporations ox 6327 assee, FL 32314	Regisi Divisi Clifto 2661 Tallat	tration Section of Corpor Building Executive Cehassee, FL 32	enter Circle 301
	If any	, questins	plewe.	call	Vihce at
	561	-676-0853			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES	OF ORGANIZATION	ON 20 TILEN
	OF	UIIINON - U
Sailfish Aut	to Group	ON 2017 NOV = 9 PH 4: 30  L CALLAHASSEE, FLORIDA  1 16/11 and assigned
(Name of the Lamited Liability (A Florida Li	Company as it now appears or mited Liability Company)	our records.)
	1	LORIOA
The Articles of Organization for this Limited Liability Com	npany were filed on	and assigned
Florida document number LIIDO0130692		
This amountment is submitted to amount the full suince	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter now principal offices address if applicables		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	red office address on ou	ir records, enter the name of the nev
registered agent and/or the new registered office addres	ss here:	
Name of New Registered Agent:		
Naw Davistand Office Address		
New Registered Office Address:	Enter Florida	street address
		F1 '1
<del></del>	City	, Florida

## 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 = N $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MLR	Arthur Cotugno J-	10733 SW 14th Pl Davie, Fl 37324	E Add
			Remove
			Add
			Remove
			Dange The Control of
			TALLAHASS.
			REPARY OF STAGE
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		TALLAHASSEE, FLORIE
		FS 3
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-		All
lote: If 1	e date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be prior to date of filter than the date inserted in this block does not meet the applicable status it's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 tory filing requirements, this date will not be listed as
	ord specifies a delayed effective date, but not an effe 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier of
ated	11/1/17	
	Signature of a member or authorized repr	esentative of a member

Page 3 of 3

Filing Fee: \$25.00