11000144243

(Re	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
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SECRETARY OF STATE

LALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: TPR 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:



Name of Person

Firm/Company

595 West Church ST. apt. 806

Address

Orlando FL, 32805

City/State and Zip Code

tprautok@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenan A Lewin

__407\7186910

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing 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

TPR AUTO SALES, LLC.			
(Name of the Limited	Liability Compar Florida Limited I	ny as it now appears on our liability Company)	<u>· records.</u>)
			差別 芯
The Articles of Organization for this Limited Li-	ability Company	were filed on 12/2/120	andassigned
Florida document number L11000144243			
This amendment is submitted to amend the follo	wing:		A DO TO
A. If amending name, enter the new name of	the limited liab	ility company here:	37. 0
LUMINARY AUTO GROUP, LLC.			****
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		6127 OLD CHENE	Y HWY, SUITE A
(Principal office address MUST BE A STREE	T ADDRESS)	ORLANDO FL. 328	807
Enter new mailing address, if applicable:		6127 OLD CHENE ORLANDO FL. 328	
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>	ONLANDO I L. 320	
B. If amending the registered agent and/oregistered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	fice address her	<u>e:</u> CHENEY HWY, SUIT	
	ORLANDO	•	, Florida 32807
		City	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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM =	MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			Add			
			Remove			
	-		Add			
			Remove			
			Remove			
			Add			
		.	Remove			
			Add			
			Remove			
			Kelilove			
			Add			
			Remove			

amending a	ny other inform	ation, enter change(s) here: (Attach additio	onal sheets, if necessary.)	-
					-
 	e 6	, 2013	3	<u> </u>	-
		_	authorized representativ	e of a member	
	Kevo	Typed or	printed name of signee		Particular de la constitución de
		I	Page 3 of 3	E.	هست
		Filin	ng Fee: \$25.00	LLÄRASSCI	13 JUN 10 1
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