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COVER LETTER

TO: Registration Section **Division of Corporations** MARKS AUTO SALES, LLC SUBJECT: _ 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: Judith K Petitt Name of Person Marks Auto Sales Firm/Company 2046 51St Streett N Address St Petersburg, FL 33710 City/State and Zip Code judyp@tampabay.rr.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Judith Petitt Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & **■ \$**55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARKS AUTO SALES, LLC

company has been notified in writing of this change.

(Name of the Limited I	iability Compa	any as it now appears on our reco Liability Company)	ords.)		
124 1	-torida Limited	Liability Company)			
The Articles of Organization for this Limited Liabil Florida document number L12000004359	lity Company 	were filed on 01/05/2012		and assign	ned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liab	ility company here:			
N/A					
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "Ll	LC" or the ab	breviation "L.L.C	
Enter new principal offices address, if applicable	e:				
(Principal office address MUST BE A STREET A	DDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>	2046 51st Street North St Petersburg, FL 33710			
B. If amending the registered agent and/or regis		address on our records, <u>ent</u> e	er the nam	e of the new r	egister
Name of New Registered Agent:				 	
New Registered Office Address:		Enter Florida street addi		21 72.5	
		, I	Florida	4744 21 145	
New Registered Agent's Signature, if changing Regis	stered Agent:	•		Zall Court	
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a					

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or fif this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	McFADDEN MARK S	4245 118TH AVENUE N	
		CLEARWATER, FL 33762	Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			☐Change
			□Add
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Filing Fee: \$25.00