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SECTETARY OF STATE
ALLAHASSEE, FIREBRA

COVER LETTER

Registration Section 'Division of Corporations

SUBJECT:		AUTO SALES, LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		YAINARA ARIAS	· · · · · · · · · · · · · · · · · · ·
		Name of Person	
	PRO	NTO AUTO SALES, LLC	
	208	6 SW HAYWORTH AVE	
		Address	· · ·
	PORT SA	AINT LUCIE, FLORIDA.349	53
		City/State and Zip Code	
	PRONTO	M	
	E-mail address: (to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please of	rall:	
YAIN	NARA ARIAS	at (772)	353-6505
Name of	Person	Area Code & Daytime	
Enclosed is a check for th	e 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

PRONTO AUTO	<u>O SALES. LL</u>	C			
(Name of the Limited Liability Compa (A Florida Limited I	Inv as it now appea Liability Company)	rs on our records.			
The Articles of Organization for this Limited Liability Company	were filed on	01/12/2012	an	d assig	gned
Florida document numberL12000006914					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :			
The new name must be distinguishable and end with the words "Lim	ited Liability Comp	any," the designation "	LLC" or	the at	breviation
"L.L.C."					
Enter new principal offices address, if applicable:	2086 SW HA	YWORTH AVE		73	
(Principal office address MUST BE A STREET ADDRESS)	PORT SAINT	FLUCIE, FLORIC)AEZ	JAN	
	34953	•	4.8 (SS)	26) many design
			المحارث		m
Enter new mailing address, if applicable:			FL	***	
(Mailing address MAY BE A POST OFFICE BOX)				53	
				·	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on o	our records, enter	the nar	ne of	the nev
	· ·				
Name of New Registered Agent:					
New Registered Office Address:					
	En	ter Florida street add	dress		
		, Florida			
	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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager MGRM = Managing Member				
<u>tle</u>	<u>Name</u>	Address	Type of Action	
<u>IGRM</u>	YAINARA ARIAS	10380 SW VILLAGE CENTER DR SUITE 166 PORT ST LUCIE, FL. 34953	Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
If amend	ing any other information, enter o	change(s) here: (Attach additional sheets, if necessary		
ated	January 18,	<u>aoia</u> .		

Page 2 of 2

Filing Fee: \$25.00