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EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	JURAYA A	UTO SALES LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
		JULIO MOLINA	
		Name of Person	
		JULIO MOLINA P A	
		Firm/Company	
	20	002 CURRY FORD RD	
		Address	
	ORL	ANDO, FLORIDA 32806	
		City/State and Zip Code	
	JULION E-mail address: (OLINA@BELLSOUTH.NET to be used for future annual report notified	ation)
For further information	concerning this matter, please of	eall:	
Jl	JLIO MOLINA		28-4757
Name	of Person	Area Code & Daytime	the state of the s
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

JURAYA	AUTO SALES LLC	· · · · · · · · · · · · · · · · · · ·			
(<u>Name of the Limited Liability</u> (A Florida)	Company as it now appear Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability C Florida document number L12000039163	Company were filed on	03/21/2012	and a	ssigned	
Tionda document infinoci	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company her	<u>c</u> :			
The new name must be distinguishable and end with the wor"L.L.C."	rds "Limited Liability Compa	ny," the designation "I	.LC" or the	e abbrev	iation
Enter new principal offices address, if applicable:					_
(Principal office address MUST BE A STREET ADDI	RESS)		57.05	63 63	
			に記	1. Tan	
				5	45 T.24
Enter new mailing address, if applicable:			SE ²	တ်	E
(Mailing address MAY BE A POST OFFICE BOX)				R	
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	 		17/17/	्म वहा	
B. If amending the registered agent and/or regis		our records, <u>enter t</u>	he name	of the	new
registered agent and/or the new registered office add	ress here:				
Name of New Registered Agent:				 ,	
New Registered Office Address:					
	En	ter Florida street ada	ress		
		. Florida			
	City		Zip Co	de	

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

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 = N	1anaging Member		•
<u>Title</u>	Name	Address	Type of Action
MGRM	JEAN C AGUERO	507 PORTLAND CIRCLE APOPKA,FL 32703	Add ☑ Remove
MGRM	JAN C AGUERO	507 PORTLAND CIRCLE APOPKA,FL 32703	✓ Add Remove
			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
D. If ameno	ling any other information, enter cl	nange(s) here: (Attach additional sheets, if necessary.	TRANK THE THE TENT OF THE TENT
_			FH 2: 58
Dated		·	
		mber or authorized representative of a member 1	

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Filing Fee: \$25.00