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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	 СТ:	LimitLESS Motor	works Auto Sales	LLC
		Name of Lim	ited Liability Company	_ <del></del>
The end	closed Articles of	Amendment and fec(s) are sub	mitted for filing.	ं होत्र सर्वे
Please	return all correspo	ondence concerning this matter	to the following:	) 
		AI	freds Palacio	
			Name of Person	5
		Li	MITLESS Motorwork:	
			_	
		1620	Sw 117 Ave 180	<u>C</u>
			Miami FL 331' City/State and Zip Code	77
		00:25		٠. ٠
		E-mail address: (	517 Dell South . r	ication)
For fur	her information c	oncerning this matter, please c	all;	
	Alfre	do Palacio	at ( <u>786)</u> 999 - Area Code Daytime	2620
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for the	he following amount:		
□ \$25	0.00 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

( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now apported Limited Liability Company	ars on our reco	ords.)		
The Articles of Organization for this Limited Liability		3/21	12012	and assign	ned
This amendment is submitted to amend the following	:			r 7	
A. If amending name, enter the new name of the l				7	34
Midnight Sp	irit Auto Sa	125 LL	<u> </u>	· · ·	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the	designation "L	LC" or the abbrev	iation <sup></sup> L.L.C	": :T
Enter new principal offices address, if applicable:				.>	
(Principal office address MUST BE A STREET AD	DRESS)			ر. —— <del>ق</del> ـــــ	
				7	
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>					
B. If amending the registered agent and/or re registered agent and/or the new registered office a		on our reco	rds, <u>enter the</u>	name_of	the new
Name of New Registered Agent:					
New Registered Office Address:					
	ew name of the limited liability company here:  19				
_		,	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 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 add or removed from our records:							
MGR = N AMBR = A	fanager Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
			Add				
			☐ Remove				
			□ Change				
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				·-						<del></del>
Note: 1	ve date, if other entire date is listed, If the date insertent's effective da	ed in this blo	ck does not	meet the ap	oplicable st	of filing or me nutory filing	re than 90 da requiremen	(optional) ys after filing its, this date	) .) Pursuant to will not be	605.0207 ( listed as (
	ord specifies 90th day afte				t not an e	effective ti	me, at 12	!:01 a.m.	on the ea	rlier of:
Dated		10	11	201	8					
		1	- )	. <u>201</u>	Do 1					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00