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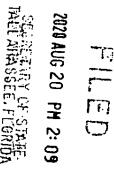
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Po	erformance Auto Name of Lim	Wholesalers, Linited Liability Company	LC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Perferman	Name of Person Ce Auto Wholescler Firm/Company W 21 Street Address	2020 AUG 20 PM 2: 09 THE CATTRICS E. FLORIDA
	•	City/State and Zip Code recommencear forces com to be used for future annual report not	
	oncerning this matter, please constant Prado Person	at (305) 477-09 Area Code Daytin	51 <u>}</u> ne Telephone Number
Enclosed is a check for th	e following amount:		
≤ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee Je Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on _____OS/08/12_____ and assigned Florida document number <u>L12</u>000102494 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: formance Auto Wholesalers LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

, Florida

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added r removed from our records:

4GR = Manager AMBR = Authorized Member

<u> Fitle</u>	Name	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
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in effective date is listed, that it is the date inserted in the date inserted in the date									
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