

6/3/22, 5:02 PM

Division of Corporations

## Florida Department of State

Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BURNS LAW OFFICES, P.A.  
Account Number : I20140000036  
Phone : (305)733-8223  
Fax Number : (866)883-7019

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**SAM'S AUTOMOTIVE LLC**

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H22000195205 3)))

SAM'S AUTOMOTIVE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/17/2013 and assigned  
Florida document number L13000056576.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

BOJAN MANOJLOVIC

New Registered Office Address:

1021 NORTHEAST 44TH COURT

*Enter Florida street address*

OAKLAND PARK

*City*

Florida

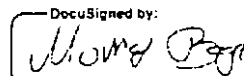
33334

*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.*

DocuSigned by:



If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	JUDITH FRANCO	1021 NORTHEAST 44TH COURT	<input type="checkbox"/> Add
		OAKLAND PARK, FL 33334	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
S	SAMUEL FRANCO	1021 NORTHEAST 44TH COURT	<input type="checkbox"/> Add
		OAKLAND PARK, FL 33334	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL FRANCO	1021 NORTHEAST 44TH COURT	<input type="checkbox"/> Add
		OAKLAND PARK, FL 33334	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BOJAN MANOJLOVIC	1021 NORTHEAST 44TH COURT	<input checked="" type="checkbox"/> Add
		OAKLAND PARK, FL 33334	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FELIX MAROLEANU	1021 NORTHEAST 44TH COURT	<input checked="" type="checkbox"/> Add
		OAKLAND PARK, FL 33334	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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