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(Re	questor's Name)	
(Add	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

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TO APR 27 PHI2: 55

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COVER LETTER .

TO: Registration Section Division of Corporations		•
SUBJECT: <u>Al-Auto Sales</u> Nan	3 Services LLC nel of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
Brac	non Joseph Name of Person	
<u>A1 -</u>	Auto 5016 3 Service	ces
137 5	alem CT Suit C	 ,
Tallan Agne	City/State and Zip Code City/State and Zip Code COU: + 050 + 5 37 0 0 m address: (to be used for future annual report no	30 \ M140m
For further information concerning this matter,	please call:	
Brandon Joseph Name of Person	at (<u>305</u>) <u>73</u> Area Code Dayti	3 4544. me Telephone Number
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee □ \$30.00 Filing F. Certificate of		□ \$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

A1- Auto Sala	es 3 Services
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L</u> 30001699	mpany were filed on $8/9/13$ and assigned 36
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>
•	
	इस स
Enter new mailing address, if applicable:	SSF 27
(Mailing address MAY BE A POST OFFICE BOX)	
	ered office address on our records, enter the name of the new
registered agent and/or the new registered office addre	ess here:
Name of New Registered Agent:	
New Registered Office Address:	·
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature if changing Registered	Agant

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 added or removed from our records:

MGR = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>wdr</u>	Rudy Joseph	1593 crescent hill de tal	, FL 323000 Add
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			☐ Change
	<u> </u>		Add · · · · · ·
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). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	- > ↑ .	" 14
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Note: docui	etive date, if other than the date of filing:	sted as	the
Dated	1 April 27, 2018,		
•	BMM Month Signature of a member or authorized representative of a member	2013	*1.
	Brandon Joseph Typed or printed name of signife		FILED
	2 may p. 74		نب
	Filing Fee: \$25.00	ر د ی ح⊃	

Filing Fee: \$25.00