L13000/29231

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EXAMINER

COVER LETTER

TO:	Registration Section
	Division of Cornerations

SUBJECT: FIRST CHOICE AUTO SALES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bishram Megnauth Name of Person First Choice Auto Sale's LLC Firm/Company 2606 Shad ct Address	CECRETARY OF ST	14 MOV 26 PH 4:	
Orlando / 32839 City/State and Zip Code Soras Li) a di (4) Roll South Met	SKIDA ANDA	<u></u>	
E-mail address: (to be used for future annual report notification)			

For further information concerning this matter, please call:

Bishram Megnauth at (HD) 575-3/9/07407-770-84/16
Name of Person Daytime Telephone Number

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First Choice Auto (Name of the Limited Liability Co. (A Florida Lin	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L1300012923</u>	pany were filed on September, 12, 2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
•	d 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 ADDRES	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the nev</u> s here:
Name of New Registered Agent: Sar New Registered Office Address: 26	aswadi Megnauth ob Shad et orlando 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.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Type of Action Title **Address** Name Parmanand Rangasammy 17803 Adams St Remove Winter Garden, Fl 34787 Sarasundi Megnauth 2606 Shad ct ☐ Remove □ Add ☐ Remove ☐ Add □ Remove

□ Add

D.	amending any other information, enter change(s) here: (Attach additional shee	ets, if necessary.)	
E. (fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State)	(optional) han 90 days after	
	ated NOVEMBER 17, 2014.		
	Signature of a member or authorized representative of a men	nber Diego	TA NO.
	Sara Subali May Augustume of signee (Typed or printed name of signee)	\$ 1 \frac{1}{2} \cdot \frac{1}	H 94 N
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Filing Fee: \$25.00