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K. SALY EXAMINER

OCT 28 2013

COVER LETTER

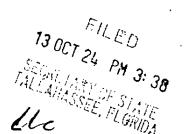
TO: Registration Sect Division of Corpo	tion orations	
SUBJECT:	Name of Limited Liability Company	lle
The enclosed Articles of A	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Michelas Douklias Name of Person	
	Firm/Company	
	22153 us highway 19 novih	
	Clear water F1 133763 City/State and Zip Code Adolak Lia Cogna, Lesh E-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification)	
For further information con	ncerning this matter, please call:	
Mi Chol Name of F	Person Powk(1 a 5 at (727) 903 66 86 Area Code & Daytime Telephone Number	
Enclosed is a check for the	e following amount:	
□ \$25.00 Filing Fee	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	f Status &

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



United Auto	Sales Tranga Bay le			
(Name of the Limited Liabi (A Floric	Sales Tampa Bay LLC lity Company as it now appears on our pecords.) ta Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document number <u>L/3</u> 000/4//	y Company were filed on 10/9/2013 and assigned			
This amendment is submitted to amend the following	;			
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and end with the v	words "Limited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or reqregistered agent and/or the new registered office a	gistered office address on our records, enter the name of the new ddress here:			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	. Florida			
	, Florida City Ziv 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Title <u>Address</u> Name 1 MGRM Nicholas Douklias 150 Turste creek circu XAdd Oldsmar A1, 34677 Remove Remove Remove

. If amending any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)
ated 10/21/20,3	
Ardrice_	Houle (195) of a member or authorized representative of a member
Signature of	of a member or authorized representative of a member
Micholas	Pouk 1. a S Typed or printed name of signee
	Typed or printed name of signee
	n 2 -c 2

Page 3 of 3

Filing Fee: \$25.00