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(Re	questor's Name)	_
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Registration So Division of Cor		•	
PROVIDE	NCE EZ-AUTO SALES, ŁLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GLORIA SANCHEZ		
		Name of Person	
	PROVIDENCE EZ-AUTO	SALES, LLC	
	•	Firm/Company	
	4825 EDGEWATER DRF	VE, STE. "B"	न ठ
	_	Address	<u> </u>
	ORLANDO, FL 32804		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	gsanchez.broker@yahoo.co	m to be used for future annual report notifi	
For further information c	concerning this matter, please c	•	
GLORIA SANCHEZ		407 668-1890 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)
Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	1

Tallahassee. FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROVIDENCE EZ-AUTO SALES	S, LLC		
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L	.iability Company 	were filed on JANUARY 21, 2014	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liab	vility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the abbr	
Enter new principal offices address, if applic	cable:	4825 EDGEWATER DRIVE, STE. "B"	9 : [4]
Principal office address MUST BE A STREI		ORLANDO, FL 32804	9 13
			<u> </u>
			personnia (1), 140 - Tellini sun 140 - Tellini sun
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4807 EDGEWATER DRIVE, UNIT #2	20 20 30 30 30 30 30 30 30 30 30 30 30 30 30
		ORLANDO, FL 32804	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			ne name of the no
	4825 FDGFW	ATER DRIVE, STE. "B"	
New Registered Office Address:		Enter Florida street address	
	ORLANDO	, Florida ³²⁸⁰	4
		City	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.

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 = Manager

AMBR = Authorized Member **Title** <u>Name</u> **Address** Type of Action □ Add ☐ Remove _ Change _D Add ☐ Remove ু □ Change □ Add _□ Remove 02 ☐ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change □ Add □ Remove ☐ Change

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fective date, if other than the one offective date is listed, the date must	date of filing:	rior to date of filin	(C	optional)
ote: If the date inserted in this blo	ock does not meet the app	olicable statutor	y filing requirements	, this date will not be listed
cument's effective date on the De	partment of State's recor	rus.		
record specifies a delayed	effective date, but	not an effect	tive time, at 12:0	I a.m. on the earlier
The 90th day after the reco			·	
, SEPTEMBER 15	2016			
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		VICATO!	~\	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00