114000026474

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	No.
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





400257084274

03/07/14--01007--008 **25.00

THAR -7 PH 4:06

MAR 1 0 2014 **T. BROWN**

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Quicks, Iver 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:
Scott Silver Name of Person
Quicksilver Auto Sules, LLC Firm/Company
18001 old cutter Rd # 600
Miami FL 33157 City/State and Zip Code S 51/ver @ Horrela legal. net
5.51 ver a Harrela legal ne+
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott A. Silver at (305) 788-6/64 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{\$55.00 Filing Fee & Certificate of Status}\$ \$\times \text{Certified Copy (additional copy is enclosed)}\$ \$\times \text{\$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

TARREST OF TORIES

Our Kr. I	ν	ito Sales	LLC	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
(Name of the Limited I	iability Compa	ny as it now appears		
(A	Florida Limited L	.iability Company)		"OA
The Articles of Organization for this Limited Liabi	lity Company	were filed on	2/17/14	and assigned
Florida document numberL14000264	<u> 14</u> .			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liabi	lity company her	<u>e</u> :	
The new name must be distinguishable and end with the wor	ds "Limited Liab	ility Company," the de	esignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:			
(Principal office address MUST BE A STREET A	(DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	(X)			
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, <u>enter</u>	the name of the new
registered agent and/or the new registered office	e address nere			
Name of New Registered Agent:				
-				
New Registered Office Address:		Enter Florid	a street address	
			. Florida	
-		City	<u> </u>	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 the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member Title **Address Type of Action** Name c/o 18001 old cutter Rd MAdd MGR Jeremy Silver # 600 ☐ Remove Miami, FL 33157 C/O 18001 Old Cutter Roy Add VP Juan Morales # 600 _____ Remove MIAMI, FL 33157 C/O 18001 Old cutter Rd DAdd MGR Scott Silver # 600 Kemove MIAM, FL 33157 ☐ Remove □ Add □ Add ☐ Remove

If amending any other information, enter change(s) here: (Attach addi.	ional sheets, if necessary.)
 	
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	(optional) t be more than 90 days after
Dated 3/3. 2014.	
	>
Signature of a member or authorized representati	us a fa manishan

Page 3 of 3

Filing Fee: \$25.00