L14000038924

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COVER LETTER

TO:

Registration Section **Division of Corporations**

AVANTI 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:

RICARDO FELICIANO, JR.

Name of Person

AVANTI AUTO SALES, LLC

25944 BLOOMSBURY CT

LAND O LAKES, FL 34639

City/State and Zip Code

AVANTIAUTOSALESLLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FELICIANO, JR at (727) 365-9317

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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVANTI AUTO SALES LL (Name of the Limit	-	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li Florida document number <u>L14000038924</u>	ability Company	were filed on 3/7/2014	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	2814 Jan
The new name must be distinguishable and end with the	words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation L.L.C.
Enter new principal offices address, if applic	able:	6506 N. FLORIDA AVE.	On the second
(Principal office address MUST BE A STREET ADDRES		SUITE 205	
		TAMPA, FL 33604-6060	या के व्य
			- week Suit
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6506 N. FLORIDA AVE.	
		SUITE 205	
		TAMPA, FL 33604-6060	
B. If amending the registered agent and/ registered agent and/or the new registered of			ter the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	6506 N. FL	ORIDA AVE., SUITE 205	
	•	Enter Florida street address	
	TAMDA		33604 6060

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. Spr., if this document is being filed to merely reflect a change in the registered office address, I hereby confirm the registered liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			
		-	Remove F
			Add.
			Remove
			Remove
			· Ddd
			Remove
			□ Remove

D. If am	ending any other information, enter change(s) h			
	PERSON DETAIL SECTION	ГО:		
	6506 N. FLORIDA AVE., SUI	ΓΕ 205, TAMPA, FL	. 33604	
F Fffac	tive date, if other than the date of filing:		(optional)	
(The eff	fective date must be specific, cannot be prior to date of receipt the this document is filed by the Florida Department of State)	or filed date and cannot be more than 9	O days after	
Dated	7/7/14			
	Signature of a member of a RICARDO FELICIANO, JR	outhorized representative of a member		
	<i>,,</i>	rinted name of signee		
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Filing Fee: \$25.00