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(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
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K. SALY EXAMINER

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## **COVER LETTER**

TO:	Registration Se Division of Cor				
		LOYALTY INVESTMENT G	ROUPLLC		
SUBJECT: Name of Limited Liability Company					
The er	aclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		ANTHONY ALEXANDE	R		
		<del></del>	Name of Person		
		<del></del>	Firm/Company		
		9611 LAKE DOUGLAS F	<b>L.</b>		
			Address	<del></del>	
		ORLANDO, FL. 32817			
		AALEX9191@GMAIL.CO	City/State and Zip Code DM		
		E-mail address: (	to be used for future annual report notific	cation)	
For fu	rther information c	oncerning this matter, please ca	all:		
ANTI	IONY ALEXAND	DER	407 492-5757 at ( )		
	Name o	f Person		Felephone Number	
Enclos	sed is a check for th	he following amount:			
□ <b>\$</b> 2	5.00 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

## TU **ARTICLES OF ORGANIZATION** OF

ARTICLES OF ORG	SANIZATION SALE
OF	201
FLORIDA LOYALTY INVESTMENT GROUP LLC	SANIZATION  2016 APP - 8 PM 12: 59 thy Company)
( <u>Name of the Limited Liability Company as</u> (A Florida Limited Liabil	it now appears on our records.) All Alegarians of the Company)
The Articles of Organization for this Limited Liability Company were Florida document number	e filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
CENTRAL FLORIDA CAR DEPOT LLC.	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

MGR = M AMBR = A	lanager authorized Member	FILED	
<u>Title</u>	<u>Name</u>	Address 2016 APR -8 PM 12: 59  TALL AHARAM BERTAL	Type of Action
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E. Effective de	ate. if other tha	n the date of	04/01/2 <b>filing:</b>			(optional)	
Man effective Note: If the	date is listed, the da	ate must be specif this block does	not meet the ap	oplicable statuto	ng or more than 9 ry filing require	00 days after filing.)	) Pursuant to 605.0207 (3) will not be listed as the
	specifies a de day after the			t not an effec	ctive time, at	t 12:01 a.m. (	on the earlier of:
Dated	4/01		20	16			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00