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COVER LETTER

TO: Registration Sec Division of Corp	tion orations	ď	3
SUBJECT: CR	P Auto Sales Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Andrea Ho	Mane of Person	
	Viglione 619 Pine Ra	ACCOUNTING CON Firm/Company ench East Road	p
		34 ZZ9 City/State and Zip Code O ME COM o be used for future annual report notific	eation)
For further information cos	ncerning this matter, please ca	II:	
Andrea Holl Name of	inasworth Person)	at (94) 465 - Daytime	7867 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

2017 DEC 26 PM 3: 57

FALLAHASSEE, FLORION

came of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 03-19-2014 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number <u>L1400</u>648848 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 contain the words "Limited Liability Company," 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: Gardens Cir Apt
Enter Florida street address New Registered Office 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.

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: FILED MGR = Manager 2017 DEC 26 PA 3: 57 AMBR = Authorized Member SLERE TARY OF STATE TALLAHASSEE: FLORIDA Title <u>Name</u> <u>Address</u> **Type of Action** □ Add ☐ Remove _ Change □ Add ☐ Remove _□ Change _D Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change _□ Add _□ Remove _□ Change

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If the date inserted in this block does not meet the	he applicable	statutory filing	e man 90 days at requirements, t	his date will i	not be listed
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e 90th day after the record is filed.	JUL HUL OF	r enective tir	ie, at 12.01	. a.m. on t	не еаптег
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December 22 , 9	0/3/				
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Signature of a member	er or authorized	d representative of	a member		
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Filing Fee: \$25.00