1140000 45848

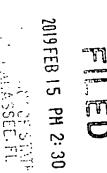
(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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C. GOLDEN FEB 21 2019

COVER LETTER

elib itteri.		SALES LLC	·	
SUBJECT:	_		ited Liability Company	
The enclosed	f Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Andrea Hollingsworth		
			Name of Person	
		Viglione Accounting Corp		
		·	Firm/Company	
		7061 S Tamiami Trl Suite	204	
		- 14,	Address	
		Sarasota, FL 34231		
		aviglione@me.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Andrea Holl	ingsworth		941 465-7867	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section Division of Corporations

> 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

(Name of the Limited Liability Company as it now appears on our records.)

FILED

C&P AUTO SALES LLC

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

2019 FEB 15 PM 2: 30

	(A Florida Limited Liability Company)	ALLAHASSEE, FL
The Articles of Organization for this Limited florida document number L14000045848	Liability Company were filed on 03-19-2014	and assigned
This amendment is submitted to amend the fo		
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	e words "Limited Liability Company," the designation "LLO	C" or the abbreviation "L.L.C."
Enter new principal offices address, if app	licable:	
Principal office address MUST BE A STRI	EET ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFIC	E D()V)	
	d/or registered office address on our record	ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	'XX'
	, F	lorida
	Ciry	Zip Code

If Changing Registered Agent, Signature of New 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jose F Cardona	3288 GULF WATCH COURT	
		SARASOTA, FL 34231	
			■ Remove
			Change
			D Add
			☐ Remove
			☐ Change
			□ Add
			Remove
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ective date, if other than the o	late of filing:		(opti	onal)
ective date, if other than the of effective date is listed, the date must te: If the date inserted in this blo	be specific and cannot be p	rior to date of filing o	r more than 90 days after	r filing.) Pursuant to 605.020
ument's effective date on the De			ing requirements, thi	s date will not be fisted a
record specifies a delayed	effective date, but	not an effective	e time, at 12:01	a.m. on the earlier o
he 90th day after the reco	ra is filed.	<u></u>		
January 14	2019	\bigcirc		
ed	 ,			
		A STATE OF THE STA		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00