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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	<u>. </u>
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

	on Section Corporations	**	
U.S. N	IISSI AUTO SALE LLC		
SUBJECT:	Name of Lim	nited Liability Company	
m			
1	es of Amendment and fee(s) are sub	-	
Please return all cor	respondence concerning this matter	to the following:	
	YOLEXIS LA FE		
<u> </u>		Name of Person	
1	U.S. NISSI AUTO SALE	LLC	
1		Firm/Company	16 05(
;	4315 E HILLSBOROUGH	HAVE	16 DEC 19
	 	Address	19
1	TAMPA FL 33610		PH 4: 08
		City/State and Zip Code	i.
ı	y.lafe05@gmail.com	to be used for future annual report notific	
For further informat	ion concerning this matter, please c	•	,
YOLEXIS LA FE		813 513-3870 at ()	
N	ame of Person	Area Code Daytime	Telephone Number
Enclosed is a check	for the following amount:		
■ \$25,00 Filing Fe	ce \$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)
R D · P.	AILING ADDRESS: egistration Section levision of Corporations O. Box 6327 allahassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U.S. NISSI AUTO SALE LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on TAMPA FL	and assigned
Florida document number L14000066162	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		6 1 2 3
(Principal office address MUST BE A STREET ADD	RESS)	10 10
÷		<u> </u>
,		P COM
Enter new mailing address, if applicable:	····	
(Mailing address MAY BE A POST OFFICE BOX)		8 9
ı		
B. If amending the registered agent and/or regiregistered agent and/or the new registered office add		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da Zip Code
	City	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 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>	Name	<u>Address</u>	Type of Action
VP	MICHAEL HERNANDEZ	8304 VALLEJO PL TAMPA FL 33	■ Add
	i 	-	☐ Remove
			Change
VP	ROLANDO LOPEZ	1712 E 97TH AVE TAMPA FL 33	Add
			■ Remove
	; 		Change
			Add
			Remove ASTA
	:	·	يَشِ وَرُهُ مِنْ مِنْ مِنْ مِنْ مِنْ مِنْ مِنْ مِنْ
· · · · · · · · · · · · · · · · · · ·	1		Chatte Street
	;		Remove
			□ Change
			
	1		□ Remove
	,		☐ Change
			Add
	}		Remove
	;		☐ Change

amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	<u>. </u>	Z
	DEC.	
	9	23. 27. 27.
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	<u> </u>	
	08	ı
in effecti ote: If t	date, if other than the date of filing:	i.020 ed a
recor The 90	: d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.	er c
ted 12/	05/2016	
	Signature of a member or authorized representative of a member	
	YOLEXIS LA FE	

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Filing Fee: \$25.00