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SECRETARY OF STATE FALL AHASSEE, FLORID.

A SHIVETS MAY 0 1 2015

COVER LETTER

TO: Registration Division of C			
	Yulee Auto Sales, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Jeanie M. Bennett		
		Name of Person	
		Firm/Company	
	410 Jackson Ave		
		Address	
	Palatka FL 32177		+ 0
• •		City/State and Zip Code	
	jeaniebennett312@g	***	
	E-mail address: (to be used for future annual report notific	cation)
For further information	concerning this matter, please c	all:	
Jeanie Bennett		904 207-0199	
Name	of Person	Area Code 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

A & B Yulee Auto Sales, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/23/2014 and assigned Florida document number L14000100354 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 end with 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: New Registered Office Address: Enter Florida street address Florida

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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Bobby G. Patterson Jr	450855 W. Ste Rd 200	■ Add
		Callahan FL 32011	□ Remove
<u></u>			□ Add
			Remove
			Add
			Remove
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		<u> </u>	Remove

•	•	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•	
		·
	<u></u>	
1	The effective of	ate, if other than the date of filing:
	Dated	pris 20th, 2015.
	_	Harris M. Donnett
	_	Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

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