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COVER LETTER

Division of Corporations				
SUBJECT:	LOBAINA'	S AUTO SALES, LLC		
SOBSECT.		Name of Limite	ed Liability Company	
The enclosed	Articles of An	nendment and fee(s) are subm	itted for filing.	
Please return	all correspond	ence concerning this matter to	the following:	
		NOLVIS LOBAINA		
			Name of Person	
		LOBAINA AUTO SAL	ES, LLC	
			Firm/Company	
		2117 45TH SW		
		···	Address	
		NAPLES, FL 34116		
			City/State and Zip Code	
	nolvislg77@yahoo.com E-mail address: (to be used for future annual report notification)			
For further in	formation con-	cerning this matter, please cal	·	ouncation)
NOLVIS I	OBAINA		239 269-694	17
	Name of Po	erson		me Telephone Number
Enclosed is a	check for the	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

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

LOBAINA'S 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 we Florida document number <u>L14000178146</u> .	ere filed on November 17, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
LOBAINA AUTO SALES, LLC	
The new name must be distinguishable and end with the words "Limited Liabilit	y 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 registered agent and/or the new registered office address here: Name of New Registered Agent:	the address on our records, enter the name of the new
New Registered Office Address:	Enter Florida street address Florida City Florida
New Registered Agent's Signature, if changing Registered Agent:	Sering State Control of the Control

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 the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>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>	<u>Address</u>	Type of Action
MGR	NOLVIS LOBAINA	2117 45TH ST SW	■ Add
		NAPLES, FL 34116	Remove
			
		·	Add
			□ Remove
			□ Add
			□ Remove
			□ Add
			SE Remove
			OV 21 AM
			Add 35
			Remove
			□ Add
			□ Remove

D. If an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) PLEASE CORRECT THE NAME OF THE ARTICLE I
•	LOBAINA'S AUTO SALES, LLC FOR THE NEW NAME
	LOBAINA AUTO SALES, LLC
	ctive date, if other than the date of filing:
	date this document is filed by the Florida Department of State)
Date	NOVEMBER 18 , 2014
	Signature of a member or authorized representative of a member
	NOLVIS LOBAINA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

