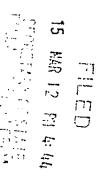
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MAR 2 7 2015

S. YOUNG

## **COVER LETTER**

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	gistration Section vision of Corporations	
SUBJECT	COLUMBUS AUTO SALES LLC	
SUBJECT	Name of Limited Liability Company	
The enclose	ed Articles of Amendment and fee(s) are submitted for filing.	
Please retur	n all correspondence concerning this matter to the following:	
	YARIXA LEYVA	
	Name of Person	_
	COLUMBUS AUTO SALES LLC	
	Firm/Company	_
	2529 W COLUMBUS DRIVE	<b>≅</b> ′3 <b>♂</b>
	Address	
	TAMPA, FL 33607	福蒙 12
	City/State and Zip Code	
	ALEXBALMASEDA@YMAIL.COM	
	E-mail address: (to be used for future annual report notification)	100 Miles
For further	information concerning this matter, please call:	भ्येता <b>म</b>
YARIXA	LEYVA 813 369-4088	•
	Name of Person Area Code Daytime Telephone Number	er
Enclosed is	a check for the following amount:	

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLUMBUS AUTO SALE	<del>-</del>	
(Name of the Limi	ted Liability Company as it now app (A Florida Limited Liability Compar	pears on our records.)
The Articles of Organization for this Limited L Florida document number <u>L15000031900</u>	ciability Company were filed on	02/20/2015 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name o	of the limited liability company	<u>here:</u>
		<b></b>
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 appli	cable:	三 三 三
(Principal office address MUST BE A STREI	ET ADDRESS)	
		79 - 0
	<del>v</del>	- 10g · 長 - 10g · 長
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE		
2		
B. If amending the registered agent and	l/or registered office address	on our records, enter the name of the ne
registered agent and/or the new registered o	ffice address here:	
Name of New Registered Agent:	YARIXA LEYVA	
New Registered Office Address:	2529 W COLUMBUS D	DR
<del>-</del>	Enter	Florida street address
	TAMPA	, Florida 33607

### 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 filherely confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	YARIXA LEYVA	2529 W COLUMBUS DR	Add
		TAMPA, FL 33607	Remove
MGR	ALEX E BALMASEDA	2529 W COLUMBUS DR	
		TAMPA, FL 33607	Remove
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ne date this document is	Signature of a member or authorized representative of a member  Jaciya Leyva  Typed of printed name of signee
he date this document is	Signature of a member or authorized representative of a member  Jaciya Leyva  Typed of printed name of signee

Page 3 of 3

Filing Fee: \$25.00