## 11500035050

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

OCT OF 2015

## **COVER LETTER**

TO:	Regist Divisi	tration Sect on of Corpo	ion prations					
CUDIE		. & A AUI	TO SALES, LLC					
SUBJE	sc1: _		Name of Lim	ited Liability Company				
			mendment and fee(s) are sub	•				
i iouso		. voirespone	·	VARGAS				
			***	Name of Person	<u></u>			
			T & A AUTO	SALES, LLC				
				Firm/Company	<u> </u>			
			3056 S STATE RD 7					
				Address				
			MIRAMAR, FL 33023	3		SECI	2015 OCT -6	
				City/State and Zip Code		AH.	2	
			LATIN TAX SERVIC	CES LLC to be used for future annual	t-otification	ARY SSE	4	
For fur	ther info	rmation con	E-mail address: (		report notification)	CF S	U	
		VARGAS	oorning this matter, prouse of	786 79	97-76-18	TATE	P 4:57	
		Name of P	Person	at () Area Code	Daytime Telephone	Number		
Enclose	ed is a cl	heck for the	following amount:					
\$25	5.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en	closed) C	0.00 Filing ertificate of ertified Cop dditional copy	Status &	

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

T & A AUTO SALES LLC				
(Name of the Limited Liability (A Florida	Company as it now appears on o Limited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Co Florida document number L15000035050	ompany were filed on $\frac{02/25/20}{}$	015	_ and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designat	tion "LLC" or the abbre	eviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRI	<u> </u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AHASSEE, FL		
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our ess here:	records, enter the	e name of the ne	
Name of New Registered Agent:	····			
New Registered Office Address:	Enter Florida str	eet address		
	<b></b>			
- <del></del>	City	, Florida	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>	<u>Name</u>	Address	Type of Action
AMGR	ANA AVILES	9 MIAMI GARDENS RD	
		WEST PARK, FL 33023	Remove
			Change
AMGR	ILEANA CRUZ	2271 BAHAMA DR	Add
		MIRAMAR, FL 33023	□ Remove
		<del></del>	☐ Change
<del></del>			
		- IA	☐ Remove
		SECRETA TALLAHAS	CC CTAInge
		ASSEE, F	<u>-</u> □ <u>A</u> 44 T
		STATE A STATE	FF □ Remove
			□ Change
			Add
			☐ Remove
			Change
			Add
		<i>i</i>	□ Remove
			Change

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Typed or printed name of signee

Filing Fee: \$25.00