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COVER LETTER

	Registration Se Division of Cor			
CUD IEC		TORS OF FLORIDA LLC		
SUBJEC	·I:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		MICHEL PLAZA		
			Name of Person	
		BEST MOTORS OF FLO	RIDA LLC	
			Firm/Company	
		1863 W Taft Vineland Rd		
			Address	
		ORLANDO, FL 32837		
			City/State and Zip Code	
			2@GMAIL.COM	
		E-mail address: (to be used for future annual report notifi	cation)
For further	er information c	oncerning this matter, please ca	all:	
MICHEL	PLAZA		786 223-1600 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
屬 \$25.0	00 Filing Fec	□ \$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

BEST MOTORS OF FLORIDA L	LC				
(Name of the Lim	ted Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)			
The Articles of Organization for this Limited L Florida document number L15000037427	iability Company were filed on 02/27	7/2015	and assig	ned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liability company here	;			
The new name must be distinguishable and contain the	words "Limited Liability Company," the desi	gnation "LLC" or the abbrevi	ation "L.L.	C."	
Enter new principal offices address, if appli	cable:		<u> </u>		
(Principal office address MUST BE A STRE	ET ADDRESS)				
	 		17 APR	사건 2년 2년	
Enter new mailing address, if applicable:			2 20		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		P .	::::::::::::::::::::::::::::::::::::::	
B. If amending the registered agent and	or registered office address on o	our records, enter the	-	the r	ıev
registered agent and/or the new registered o		· • •		7	l 4
Name of New Registered Agent:	JULIO PENA				
New Registered Office Address:	1863 W Taft Vineland Rd				
	Enter Florido	street address			

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

ORLANDO

If Changing Registered Agent, Signature of New Registered Agent

Florida 32837

Page 1 of 3

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
MGR	JULIO PENA	1863 W Taft Vineland Rd	= Add
		ORLANDO, FL	☐ Remove
		32837	Change
			Add
			☐ Remove
		····	Change
			Add
			Remove
			☐ Change
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			□ Add □
			☐ Change

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