# L150W38444

(Red	questor's Name)			
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(City	//State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates of Status			
Special Instructions to I	Filing Officer:			

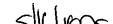
Office Use Only



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# FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2018

PERSIO LARIANO 305 OLD SANFORD OVIEDO RD WINTERSPRING, FL 32708

SUBJECT: NATION AUTO TRADING LLC

Ref. Number: L15000038444

We have received your document for NATION AUTO TRADING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 518A00008727

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DEPARTMENT OF STATE

OFFICE OR PORTOR OF ST

# **COVER LETTER**

TO: Registration Se Division of Cor					
	AUTO TRADING LLC		•		
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	PERSIO LIRIANO				
		Name of Person			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	<u>.</u>		
445 S DEERWOOD AVE					
Address					71
	ORLANDO FL 32825			MIL BAY IIR	
		THE TO			
	NATIONAUTOT@GMAI	L.COM to be used for future annual report notific	ontion)	7: FL0	~
For further information of	concerning this matter, please c	·	ation)	が多い。	
PERSIO LIRIANO		321 8889901 at ( )			
Name o	of Person	Area Code Daytime	Telephone Number	<del></del>	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of 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

NATION AUTO TRADING LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 02/25/2015	and assigned
Florida document number L15000038444		
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 contain the words "Limited I	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	S)	
Enter new mailing address, if applicable:		22.0
(Mailing address MAY BE A POST OFFICE BOX)		100 - T
		mx - m
B. If amending the registered agent and/or registere	d office address on our records,	enter the name of the new
registered agent and/or the new registered office address	here:	क्रिल ज
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	•
	, Flori	
	City	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>	<u>Address</u>	Type of Action
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		ORLANDO FL 32825	■ Remove
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(If an effective of Note: If the	ate, if other than date is listed, the date date inserted in the effective date on the	e must be specific a his block does no	and cannot be pr t meet the app	licable statutory	g or more than 90 da filing requirement	(optional ays after filing nts. this date	g.) Pursu:	ant to 605. of be liste	.0207 (3 ed as th
	specifies a dela n day after the			not an effect	ive time, at 12	2:01 a.m.	on th	e earlie	er of:
Dated 5	-8-18		-'	······································					
	/-	1	<i></i>						
		1 /	<u> </u>						
		Signature of	a member or au	thorized represen	tative of a member				

Page 3 of 3

Filing Fee: \$25.00