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COVER LETTER

ŤΟ:	Registration Section Division of Corpo		et,	
SUBJI	ecr: Autom	otive Sales I	Taining Service ted Liability Company	es LLC
The en	closed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please	return all correspond	lence concerning this matter t	to the following:	
		William	B. Jenking	6
			Firm/Company	
		3922	Jace Drive	
		_	Address	
		Crestvi	1ew FL 3253	39
		berijenki E-mail address: (i	City/State and Zip Code 17512760 MM to be used for future annual deport noti	ication)
For fur	ther information con	cerning this matter, please ca	all:	
<u>W</u>	Illiam J Name of F	enkins	at (407) 902 Area Code Daytim	- 4489 e Telephone Number
Enclos	ed is a check for the	following amount:		
□ \$2	5.00 Filing 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:

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

Automotive Sales (Name of the Limited Liability C	Company as it now applears mited Liability Company)	ervices UC on our records.)
The Articles of Organization for this Limited Liability Com	npany were filed on	3/16/2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited Tenkins Consulting C The new name must be distinguishable and contain the words Limited	Troup ILC	DEBA-Sales Training
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register registered agent and/or the new registered office address		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Floria	la street address
	City	, Florida Zip Code
	cuy	Zip Cuae

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

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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> Name Address **Type of Action** □ Add □ Remove ☐ Change □ Add □ Remove _□ Change _□ **½3**d Remove Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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Page 3 of 3

Filing Fee: \$25.00