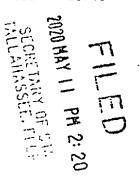
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COVER LETTER

<u>~</u> ,	ration Secti on of Corpo			
SUBJECT:		United	AUTO'S ILC	
		Name of Limi	ted Liability Company	
The enclosed A	rticles of An	nendment and fee(s) are subr	mitted for filing.	
Please return all	correspond	ence concerning this matter	to the following:	
		Amir	MoZayanpour Name of Person	
		<u> </u>	ed Auto'S LLC Firm/Company	
		4701 SW 4F		Bay8
		Dovie,	FL 33314 City/State and Zip Code	
	-	MoZayar E-mail addresk: (t	Down do Johoo o be used for future annual report no	.Com_
For further infor	rmation conc	cerning this matter, please ca	11:	
Amir	Mo Lo Name of Po	adoubone	at (954) Area Code Dayti	1624 me Telephone Number
Enclosed is a ch	eck for the f	ollowing amount:		
≨ \$25.00 Filir	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	g Address: tration Sec	tion	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

2020 MAY 11 PM 2: 20

	(A Florida Limited Liability Company)
The Articles of Organization for this Limited Florida document number <u>L150006</u> 1	Liability Company were filed on 04/07/2015 and assigned 206.
This amendment is submitted to amend the fo	ollowing:
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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	licable:
(Principal office address MUST BE A STRE	EET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on our records, enter the name of the new registered
Name of New Registered Agent:	Donya Mozayampour
New Registered Office Address:	4701 Sw 45th St Bldg 16 Bay 8 Enter Florida street audiess
	Dowie Florida 33314
New Registered Agent's Signature, if changing	Registered Agent:

N

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
MGR	Donip Mozayanpour	4701 SW45th St Bldglb Bay	\\\ \overline{\mathbb{Z}} \overline{\mathbb{Z}} \overline{\mathbb{A}} \dd
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record specifie is filed.	s a delayed eff						rlier of: (b)	The 90th day	after the
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ated MON	<u>7Th</u>				1.11				
ated May	7Th_	Signatur	e of a memb	oer or authoriz	Milita	tive of a mem	her		*