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(Re	equestor's Name)	
(Ad	dress)	<u></u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone ∮	/
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	

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WILL TO SEED OF

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White & B. SUBJECT:	lue Auto Sale LLC	
30B3EC1	Name of Limited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Maria R Reýes	
	Name of Person	
	White & Blue Auto Sale LLC	
	Firm/Company	
	6402 N. Nebraska Ave	
	Address	
	Tampa, Florida 33604	i
	City/State and Zip Code	295 HAY
	whiteandblueauto@gmail.com	E I
	E-mail address: (to be used for future annual report notification)	ASSE
For further information c	concerning this matter, please call:	PA PA
Maria Reyes	978 8283144 at ()	15 2: C
Name o	of Person Area Code Daytime Telephon	ne Number
Enclosed is a check for the	he following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ Certificate of Status 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

TO:

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

(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for the Organization for the Articles of Organization for the Organization for Organization for the Organization for the Organization for the Organization for Organization for the Organization for O	any were filed on April 14, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company." the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, g	
	<u></u> .	
Name of New Registered Agent:		- \$
New Registered Office Address:	Enter Florida street address	- .
	, Florie	da
	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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jose D. Paulino	6402 N. Nebraska Ave. Tamp, Fl 3	
			□ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Add
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Filing Fee: \$25.00