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SECRETARY OF STATE

O SIMMONS JUL 28 2018

COVER LETTER

| | egistration Sec ivision of Corp | | | |
|--|------------------------------------|--|---|--|
| SUBJECT | Elite Autom | otive Sales, LLC | | |
| .,0031.0,1 | | Name of Lim | ited Liability Company | |
| The enclos | ed Articles of a | Amendment and fee(s) are sub | nitted for filing. | |
| | | idence concerning this matter | Ĭ | |
| | | | Ī | |
| | | Neivy Zambrano | | |
| | | Name of Person | | |
| | | Elite Automotive Sales, LI | .C | none Number \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) DDRESS: |
| | | | Firm/Company | |
| | | 3400 S. Orange Blossom T | rail | |
| | | | Address | |
| | | Orlando, Fl 32809 | | |
| | | | City/State and Zip Code | |
| | | E-mail address: (| o be used for future annual report notification |) |
| For further | information ce | ncerning this matter, please ca | II: | |
| James Dyc | ce | | 407 228-4488 | |
| | Name of | Person | at () | hone Number |
| England i | var okrasile Caneth | . Callerian manager | | |
| | | c following amount: | FI SEE OO FILE - F - P. | Tean on Pillare |
| = \$25.00 | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy |
| | | | | |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | ation Section a of Corporations x 6327 | STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ΟĖ

| Elite Automotive Sales, LLC | 1 |
|---|--|
| (Name of the Limited Liability Compa (A Florida Limited | ny as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number L15000072010 | were filed on 04/21/15 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| The new name must be distinguishable and contain the words "Limited Liabi | ity Company," the designation "L.L.C" or the althreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| Enter new mailing address, if applicable: | DAIDE OO |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| D. If amonding the marintaned and a discount of the second | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | fice address on our records, enter the name of the new |
| Name of New Registered Agent: | ! |
| | |
| New Registered Office Address: | Enter Florida street address |
| | Line) Frontal Street Bullets |
| | |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | |
| I hereby accept the appointment as registered agent and agra provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is |
| | |

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 = 1 AMBR = | Manager Authorized Member | | | | | |
| <u>Title</u> | <u>Name</u> | Address | Type of Action | | | |
| M | Tony A Velandia Ramirez | 3400 S Orange Blossom Trl | ■ Add | | | |
| | | Orlando, Fl 32809 | □ Remove | | | |
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| . If amending any other informati | ion, enter change(s) her | 2: '(Attach additional sheets, if necessary.) | |
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| Effective date, if other than the date must | late of filing: be specific and cannot be prior | (optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0 | 207 (. |
| Note: If the date inserted in this block | ck does not meet the applic | able statutory filing requirements, this date will not be listed | |
| document's effective date on the Dep | partment of State's records. | | |
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| the record specifies a delayed) The 90th day after the reco | | t an effective time, at 12:01 a.m. on the earlier | of: |
| The your day dice, the reco | ra 13 mea. | | |
| June 18 | 2018 | | |
| Dated | · · · · · · · · · · · · · · · · · · · | - i | |
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| Neivy Zambrano | | <u> </u> | |
| | Typed or print | d name of signee | |

Page 3 of 3

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