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PICK-UP	☐ WAIT	MAIL			
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:					
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COVER LETTER

TO:	Registration Se Division of Cor						
			USED CARS, LLC				
SUBJE	ECT:	Name of Lim	ited Liability Company				
			·				
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please 1	return all correspo	ndence concerning this matter	to the following:				
-		N	ERMINA BOSKOVIC				
			Name of Person				
		QUA	LITY USED CARS, LLC				
	Firm/Company						
			238 3 4TH ST N				
			Address				
		ST	PETERSBURG, FL 33714				
			City/State and Zip Code				
			LENSAUTO@aol.com to be used for future annual report	notification)			
For fur	ther information co	oncerning this matter, please ca					
	NERMINA	BOSKOVIC		0-6048			
	Name o	f Person	Area Code Day	rtime Telephone Number			
Enclose	ed is a check for th	ne following amount:		2016 7811			
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			STREET/COL Registration Se Division of Col Clifton Buildin 2661 Executive Tallahassee, FL	rporations g c Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUALITY	USED CARS, LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears da Limited Liability Company)	on our records.)	.
The Articles of Organization for this Limited Liability Clorida document number	Company were filed on	6/10/2015	and assigned
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the lir	nited liability company her	<u>re</u> :	
	ALENS USED CARS, LLC		
he new name must be distinguishable and contain the words "Li	mited Liability Company," the des	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	PRESS)		
	1		
Inter new mailing address, if applicable:	•		
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or reg registered agent and/or the new registered office ad Name of New Registered Agent:		our records, ente	7
New Registered Office Address:			
New Registered Office Address.	Enter Florie	da street address , Florida	AUG 22
	City		Zip Code
lew Registered Agent's Signature, if changing Register	ed Agent:		
hereby accept the appointment as registered agen provisions of all statutes relative to the proper and		ny duties, and I an	gree to ogmply with the familiar with and

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

	<u>Name</u>	Address	Type of Action
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			□ Remove
			□ Change
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n effective ote: If the	date is listed, the dat date inserted in th	te must be specific his block does ne	and cannot ot meet the	be prior to d e applicable	ate of filing o	r more than 90 ling requiren	days after filin	ig.) Pursuant to le will not be	o 605.020 e listed a
cument's	effective date on t	the Department of	of State's	records.	•	•	·		
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	specifies a dele day after the			but not a	n errectiv	e time, at	12:01 a.m	. on the e	arlier (
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Filing Fee: \$25.00