L15000 115388

(Req	uestor's Name)	
, (Add	ress)	
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(City	/State/Zip/Phone	e #)
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(Doc	ument Number)	
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MG 21 2015 J. HARRIS

,COVER LETTER

	egistration Sectivision of Corp			
SUBJECT		auto Sale, LLC		
SUBJECT	•	Name of Limi	ted Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please retu	rn all correspor	ndence concerning this matter t	to the following:	
		Kevin Rebal		
			Name of Person	
		Enginuity Auto Sales		
			Firm/Company	"
		2700 NE 10th Terrace		
			Address	
		Pompano Beach, FI 33064	4	
			City/State and Zip Code	
		enginuityautosales@gmai.co		
		E-mail address: (t	o be used for future annual report noti	fication)
For further	information co	oncerning this matter, please ca	ill:	
Michele R			561 901-5775 at ()	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is	s a check for th	ne following amount:		
\$25.00	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**

Enginuity Auto Sales, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed	on 7/6/2015 and assigned
Florida document number L15000115388	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any 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 applicable:	- - - -
(Principal office address MUST BE A STREET ADDRESS)	
	5 7
Enter new mailing address, if applicable:	<u>्रिके</u> से छ
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	\$5 2
B. If amending the registered agent and/or registered office address here:	ess on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address
	, Florida
City	Zıp 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</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Antonio Shappley	12070 NW 49th Drive	Add
		Coral Springs, Fl 33076	■ Remove
			☐ Change
			_ □ Add
			Remove
			Change
			Remove
			Change
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	than the date of fi	iling:	of filing or more than	(optional) 90 days after tiling.)	Pursuant to 605.0
ective date, if other	d in this block does n		atutory tiling require	ements, this date v	will not be fisted
te: If the date inserter	d in this block does n	of State's records.			
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te: If the date inserted the sument's effective date record specifies at the 90th day after Aug 17	d in this block does not be on the Department of the delayed effectives	re date, but not an o	effective time, a	t 12:01 a.m. (on the earlier
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te: If the date inserted cument's effective dath record specifies a fine 90th day after	d in this block does not be on the Department of delayed effective the record is file. Signature of the control of the contro	we date, but not an ed. $\frac{2015}{200}$			-

Filing Fee: \$25.00