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Office Use Only



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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mr. Nice Guys Auto Sales LC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
David Elyadri Name of Person
Mr. Wice Cruys Auto Saler Firm/Company
1338 N. Nova rd.
Daytona Beach, FL 32117 City/State and Zip Code
E-mail address: (to based for future annual report notification)
For further information concerning this matter, please call:
David Elyadri at (407) S62 - 7994 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Solutional Status}\$ \$25.00 Filing Fee & Certificate of Status \$\text{Certified Copy}\$ (additional copy is enclosed) \$\text{Solutional 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**

(Name of the Limited Liability)	rs Auto Sales W	
(A Florida L	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Cor		15 and assigned
Florida document number <u>L 1500012712</u>	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d 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 applicable:		
(Principal office address MUST BE A STREET ADDRE	(2.2	SEC ALL ALL
		APR AFF
		ASS ASS
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)		5 FL 0
		22 REF
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
Non-Desirence A. A. C.	City	Zip Code
New Registered Agent's Signature if changing Pagistared A	CORFI	

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 Title Name **Address Type of Action** David Elyadri 1338 N. Nova Rd. MAdd Daytona Beach, FL 32117 ☐ Remove ☐ Change □ Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove

_ Change

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ctive date, if	other than the date of	f filing:		(optional)	
ffective date is	listed, the date must be speci	ific and cannot be prior to date s not meet the applicable s	of filing or more that	in 90 days after filing.)	Pursuant to 60:
ment's effecti	ive date on the Departmen	nt of State's records.	tatutory minig requ	mements, this date w	in not be ns
ecord speci	fies a delayed effect	tive date, but not an	effective time,	at 12:01 a.m. o	n the earli
e 90th day	after the record is f	filed.			
	12 10 210				
1. O4/	19/2018	<u> </u>			
		Musik	<u>``</u>		
	Signatur	re of a member or authorized	representative of a n	nember	
-	Signatur	e of a member or authorized	representative of a n	nember	

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Filing Fee: \$25.00