L15000127253

| (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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TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

| GO SMAR SUBJECT: | T CAR SALES LLC | | | | | |
|---------------------------------------|--|---|--|--|--|--|
| , object. | Name of Lin | nited Liability Company | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | omitted for filing. | | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | | |
| | IVAN D PAULINO | | | | | |
| | | Name of Person | · A | | | |
| | GO SMART CAR SALES | LLC | | | | |
| | | Firm/Company | . | | | |
| | 13192 W COLONIAL DR | | | | | |
| | | Address | | | | |
| | WINTER GARDEN, FL 3 | 4787 | | | | |
| | <u> </u> | City/State and Zip Code | | | | |
| | INFO@ACCOUNTINGOR | RL,COM | | | | |
| | E-mail address: (| to be used for future annual report noti | fication) | | | |
| or further information of | concerning this matter, please c | all: | | | | |
| IVAN D PAULINO | | 407 720-3700 | | | | |
| Name of Person | | at () Area Code Daytim | e Telephone Number | | | |
| Enclosed is a check for t | he 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) | | | |
| <u>Mailing Addres</u> Registration | | Street Address: Registration Sec | ction | | | |
| Division of Corporations | | Division of Corporations | | | | |
| P.O. Box 632 | 27 | The Centre of Tallahassee | | | | |

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GO SMART CAR SALES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/27/2015}{1}$ and assigned Florida document number $\frac{L15000127283}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and coutain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|-------------------------|---|
| MGRM | SANDRA PICHARDO | 4316 AQUA VISTA DR | □Add |
| | | ORLANDO, FL 32839 | ≅Remove |
| | | | □Change |
| MGRM | JULISSA PAULINO | 7236 TWILIGHT BAY DRIVE | ≣ Add |
| | | WINTER GARDEN, FL 34787 | □Remove |
| | | | □Change |
| | | | □Add |
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| Effective date, if other than the constraint of the date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Department. | be specific an ck does not | id cannot be pri meet the appl | ior to date licable s | of tiling or | more than 90 ing requirer |) days after fil | ling.) Pursuant | to 605.0 be listed | 0207 (3) d as the |
| ne record specifies a delayed effective ord is filed. | date, but no | t an effective | e time, at | 12:01 a.m | on the ear | lier of: (b) | The 90th da | ıy after (| the |
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| | ignature of a | member or au | thorized | enrecentatio | y of a mund | | | _ | |

Filing Fee: \$25.00