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(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

TO: Registration Se Division of Cor				
Tampa Lux	sury Auto Group LLC - Amend	iment		
SUBJECT:	Name of Lim	ited 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:		
	Keathel Chauncey			
		Name of Person		•
	Fresh Legal Perspective, F	PL		
		Firm/Company		•
	3802 Ehrlich Road, Suite	308		三 5
		Address		经营气
	Tampa, FL 33624			TASSESSES PORTO
		City/State and Zip Code		一門 里
	FloridaCars77@gmail.com			# 12 STATE STATE
For firster information of		to be used for future annual report notific	cation)	質がた
	concerning this matter, please c	•		
Contact@BLTFL.com		813 448-1042 at ()		
Name o	of Person	Area Code Daytime	Telephone Number	r -
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)	Certified	te of Status &
	ING ADDRESS: ration Section	STREET/COURIE CREgistration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tampa Luxury Auto Group LLC			
(Name of the Limited Lia (A Flo	bility Company orida Limited Li	v as it now appears on our rectability Company)	ords.)
he Articles of Organization for this Limited Liability	y Company v	vere filed on08/06/2015	and assigned
lorida document number L15000134701	 `	·	
his amendment is submitted to amend the following	g:		
. If amending name, enter the new name of the l	limited liabil	ity company here:	
N/A			
he new name must be distinguishable and contain the words "	Limited Liabilit	y Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3802 Ehrlich Road	三部 あ
Principal office address MUST BE A STREET AD		Suite 308	EM A n
		Tampa, FL 33624	
nter new mailing address, if applicable:	·	18865 STATE ROAD 54	HAN TO
(Mailing address MAY BE A POST OFFICE BOX)		STE 157	当当
Musing waters MAI DDA I ON OTTICE BOX	_	LUTZ, FL 33558	- N
. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent:		:	rds, <u>enter the name of th</u>
20	302 Ehrlich Ro	ed Strite 308	
New Registered Office Address:	oz pinnen Ru	Enter Florida street add	tress
Ta	ımpa	_	Florida 33624
_		City	Zip 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, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
			
			Add
			☐ Remove
			☐ Change
			5
			□ Add
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- 764 - 1.4-1 4-1	l in this block does not	: meet the applical	ole statutory filing r	equirements, this d	late will not be l	isted
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Filing Fee: \$25.00