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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: NICK OLSSON SELECT AUTOS, LLC 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:
NICHOCAS BLSSOW Name of Person
NICK OCSSON SELECT AUTOS, CCC Firm/Company
610 CLEMATIS STREET, APT 523 Address
WEST PALM BEACH, FLORIDA, 3340/ City/State and Zip Code Nick Quosausa, com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
NICHOXAS OLSSON at (561) 827 6547 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\sim \text{\$30.00 Filing Fee & \$\subseteq \text{\$55.00 Filing Fee & \$\subseteq \text{\$60.00 Filing Fee, } \\ \text{Certificate of Status & \$\text{Certified Copy (additional copy is enclosed)}} \\ \text{Certified Copy (additional copy is enclosed)} \\ \text{\$100 Filing Fee, } \\ \text{Certified Copy (additional copy is enclosed)}} \\ \text{\$100 Filing Fee, } \\ \text{Certified Copy (additional copy is enclosed)}} \\ \text{\$100 Filing Fee, } \\ \text{Certified Copy (additional copy is enclosed)}} \\ \text{\$100 Filing Fee, } \\ \text{Certified Copy (additional copy is enclosed)}} \\ \text{\$100 Filing Fee, } \\ \text{Certified Copy (additional copy is enclosed)}} \\ \text{\$100 Filing Fee, } \\ \text{Certified Copy (additional copy is enclosed)}} \\ \text{\$100 Filing Fee, } \\ \text{Certified Copy (additional copy is enclosed)}} \\ \text{\$100 Filing Fee, } \\ \text{Certified Copy (additional copy is enclosed)}} \\ \text{\$100 Filing Fee, } \\ \text{Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)}} \\ \text{Certified Copy (additional copy is enclosed)} \\ Certified Copy (addit

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 Company as it now appears on our records.) A Florida Limited Liability Company)		_
	bility Company were filed on $09/01/201$	<i>'</i> 5 and	l assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or th	e abbreviation	ı "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE Bo	<u> </u>		
	r registered office address on our records, ent		
registered agent and/or the new registered offi	ce address here:		₩ /· N
			7
Name of New Registered Agent:			D 7-7-
New Registered Office Address:		95t 1	9 C
	Enter Florida street address		ລັ
	, Florida		
	City	Zip Co)de

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:

MGR = Manager

AMBR = Authorized Member **Title Name Address Type of Action** 610 CLEMATIS STREET AMBR OCSSON 🗷 Remove WEST PALM BEACH, FL 33481 - Change □ Add _□ Remove _□ Change \square Add □ Remove □ Cominge □ **Change** ☐ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change

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an effec ote: I	e date, if other than the date of filing:	iling.) Pursu	ant to 6 ot be li	05.0207 sted as
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a. Oth day after the record is filed.	.m. on th	e ear	lier of
ited	DONE 24, 2016			

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Filing Fee: \$25.00