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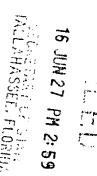
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### **COVER LETTER**

Division of Corp	orations		
SUBJECT: NICK	OCSSON SEZ Name of Limit	LECT AUTOS, C ted Liability Company	<u>(C</u>
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	NICHOLAS	Name of Person	
	NICK OCSSON	SELECT AUTO S	Ticc
	610 CLEMATI	S STNEET APT Address	523
	WEST PACM A  nicka  E-mail address: (n	SEACH, FLORIDA City/State and Zip Code One Sausa. Con The used for future annual report notific	33401 
For further information con	ncerning this matter, please ca	II:	
NI CHOLAS Name of I	OLSSON Person	at (561) 827 Area Code Daytime 7	6547 Celephone Number
Enclosed is a check for the	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:

TO: Registration Section

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)	Lightlity Company of it now	O'/OS, CCC	<del></del>
(A	Liability Company as it now Florida Limited Liability Com	npany)	
The Articles of Organization for this Limited Liabs Florida document number	ility Company were filed		15 and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability comp	any here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company	y," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
			E
		•	<b>5</b>
Enter new mailing address, if applicable:			JUN 27
(Mailing address MAY BE A POST OFFICE BO			- S
Manual BE A FOST OFFICE BU	<u></u>		
	<del></del>		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		ess on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	NICHOLAS	02550N	
New Registered Office Address:			
•	En	ter Florida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:		

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New 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

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 \_□ Add \_□ Remove \_□ Change ☐ Add \_□ Remove \_□ Change □ Add S Remove SS Change ITi 59 ☐ Remove ☐ Change ☐ Add \_□ Remove ☐ Change □ Add ☐ Remove \_□ Change

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No DUNE 24, 2016.	ed <u>JONE 27</u> , <u>2016</u> .	

Page 3 of 3

Filing Fee: \$25.00