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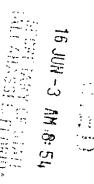
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TO: Registration Section Division of Corporations
SUBJECT: Car Life Auto LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tashun Dabson Name of Person
Car Life Auto LLC Firm/Company
5903 Funston Street
Hollywood FL 33083 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    CShun   Observation   at (786) 496-9611
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified 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

(Arlite Ho	wo LC.	
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co.	• •	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:	<del> </del>	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or regis	tered office address on our records, <u>en</u>	ter the name of the new
registered agent and/or the new registered office add	r <u>ess here</u> :	JUN-3
Name of New Registered Agent:		The same of the sa
New Registered Office Address:	Enter Florida street address	55
	, Florida	\$ F
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Kenneth Williams		Add
		5903 Funston Street MATRIMARTL 33003	☐ Remove
		HIRMHULT 2 2002	Change
			Remove
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Filing Fee: \$25.00