L15000186554

(Re	equestor's Name)	
(Ad	dress)	
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COVER LETTER

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Division of Co	orporations		
	AUTO BROKERS LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	DONAVAN CHERRY		
		Name of Person	
	CHERRY AUTO BROKE	RS LLC	
		Firm/Company	
	930 NW 200TH STREET		
		Address	
	MIAMI, FL 33169		
		City/State and Zip Code	
	DCHERRY1@DADESCH		
	E-mail address: (to be used for future annual report noti-	fication)
For further information	concerning this matter, please ca	all:	
DONAVAN CHERRY	,	786 514-3445 at ()	
Name	e of Person	Area Code Daytim	e Telephone 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)	Sectificate of Status & Certified Copy (additional copy is enclosed)

MATEING ADDRESS
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

	EKK I AUTU B			_
(Name of the Limi	(A Florida Limite	npany as it now appears (ed Liability Company)	on our records.)	
The Articles of Organization for this Limited I	iability Compa	ny were filed on 11/3	/2015	and assigned
Florida document number L15000186554	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited li	ability company here	:	
N/A				
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the des	gnation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			our records, <u>enter</u>	the name of the ne
New Registered Office Address:				
	<u></u>	Enter Florid	a street address	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Age	<u>nt:</u>		
I hereby accept the appointment as register provisions of all statutes relative to the proaccept the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this	per and compl gistered agent o e registered off s change.	ete performance of n as provided for in Cl	ny duties, and I amplicate 605, E.S. Or confirm that the line SSEF OF	igmiliar with and if this document is ited liability
	110	annging registered Age	III, Signature of How Ke	

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
AMBR	DONAVAN CHERRY	930 NW 200TH STREET	Add
		MIAMI FL 33169	Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			Remove
		☐ Change	
			Remove
			Change
			Add
			☐ Remove
			Change Change Change Change
			Remove RATION Change

			
	<u> </u>		
			
			
			
			
fective date, if other than the date of the effective date is listed, the date must be specific	filing:	(optional)	
ote: If the date inserted in this block does in	not meet the applicable statutory filing re-	han 90 days after filing.) Pur quirements, this date will	not be listed a
cument's effective date on the Department	of State's records.		
record specifies a delayed effecti The 90th day after the record is fil	ve date, but not an effective time	e, at 12:01 a.m. on	the earlier (
John day area, end record is in	1001		
nted		# 22 m	
- CO			
Stenature	of a member or authorized representative of a	member SSEY	

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Filing Fee: \$25.00