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S. WARREN DEC 0 8 2017

COVER LETTER

Division	ı of Corp	oorations •		
	MILY AL	JTO SALES LLC.		
SUBJECT:		Name of Lim	ited Liability Company	<u></u>
The enclosed Art	icles of A	Amendment and fee(s) are sub-	mitted for filing.	
		ndence concerning this matter		
		MICHAEL DANIELS		
		-	Name of Person	
		FAMILY AUTO SALES L	LC.	
			Firm/Company	
		4395 FLORIDA GEORG	IA HIGHWAY	
		+ 2	Address	
		HAVANA, FLORIDA 323	333	
		FAMILYAUTOS4SALE@	City/State and Zip Code YAHOO.COM	
		_	to be used for future annual report notifi-	cation)
For further inform	nation co	oncerning this matter, please ca	nH:	
MICHAEL DAN	IIELS		850 570-8290 at ()	
, <u> </u>	Name of	Person		Telephone Number
Enclosed is a che	ck for th	e following amount:		
□ \$25.00 Filing	g 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

The Articles of Organization for this Limited Liability Company were filed on Florida document number 4/60000015 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cin

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>Address</u>	Type of Action
MGR	LYNETTE JUDGE	4830 ASHLAND DRIVE	■ Add
		TAMPA, FLORIDA 33610	Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			Remove
			☐ Change
			-8 Remove

		
		
		
		-
	12-07-2017	
Eme	ctive date, if other than the date of filing: (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purst	uant to 605,020'
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n	not be listed as
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Page 3 of 3

Filing Fee: \$25.00