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(Requestor's Name) (Address) (Address)	800320362978
(City/State/Zip/Phone #)	11/07/1881ḋ08818 ★+25.60
Certified Copies Certificates of Status	FILED 2018 HOV -7 AM 8: 42 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Office Use Only	7 5 16

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TO:	Registration Section
	Division of Corporations

Plaza Autos LLC

SUBJECT:

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Name of Limited Liability Company

The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	ı
Please return all correspo	ondence concerning this matter	to the following:	
	Christina McCreary		
		Name of Person	
	Plaza Autos LLC		!
		Firm/Company	
	29651 County Road 561		
		Address	
	Tavares, FL 32778		
		City/State and Zip Code	
	<u>sales(@nlazaautos.com</u> E-mail address: (to be used for future annual report notification)	
For further information c	concerning this matter, please c	all:	I
Christina McCreary		407 808-0261	
Name o	of Person	Area Code Daytime Telephor	ie Number
Enclosed is a check for t	he following amount:		
X \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	860.00 Filing Fee, Certificate of Status & Certified,Copy (additional copy is enclosed
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Plaza Autos LLC	0
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(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 5, 2016	and assigned
Florida document number L16000003604	
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:

		28	8	
		A P	NO NO	-14
Name of New Registered Agent:		57		
New Registered Office Address:		SE.X		
New Registeren Office Address.	Enter Florida street address	تكسب	AM	
		$\Box^{\prime\prime}$	с;	\mathbf{O}
	, Florid		Zip Ode	
	City	0 P	Nup Care	
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

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Title	<u>Name</u>	Address	Type of Action
AMBR	Robin Caropreso	4500 Ola Beach Drive Mt. Dora, F1, 32757	🗆 Add
			Remove
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			Add
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			Change
			🗆 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: <u>November 2, 2018</u> (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m.; on the earlier of: (b) The 90th day after the record is filed.

ouember . 2018 Dated ____ Signature of a member or authorized representative of a member Christina McCreary Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00