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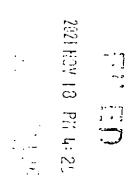
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A. BUTLER
DEC - 7 2021

## COVER LETTER

TO:

Registration Section

Division of C	orporations		
ELITE A	UTO SALES OF ST LUCIE LE	<i>(</i> .	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing	
Please return all corres	pondence concerning this matter	to the following:	
	DOMINIC HARRISON		
	***************************************	Name of Person	<del></del>
	ELITE AUTO SALES OF	ST LUCIE LLC	
		Firm Company	
	5432 NW CRISTA ST		
	<del> </del>	Address	
	PORT ST LUCIE, FL 349	986	
		City State and Zip Code	
	ELITEAUTOSALES772@		
For further information	E-mail address: i concerning this matter, please c	to be used for future annual report no	filication)
DOMINIC HARRISO	N	772 361-3052 at()	
Name	of Person	at () Area Code — Daytir	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filling 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 Addr Registration		<u>Street Address:</u> Registration Se	ection
Division of	Corporations	Division of Co	orporations
P.O. Box 63		The Centre of	
Tallahassee.	. P.L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE AUTO SALES OF ST LUCIE LLC

2021 NOV 18 PH 4: 25

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

	terina Emilion Emility Sompany)	5 T/17
The Articles of Organization for this Limited Liabili		and assigned
Florida document number 1.16000024226		
This amendment is submitted to amend the following	g:	
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 "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A)	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
		<u> </u>
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>enter the</u> re:	name of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la Zip Code
New Registered Agent's Signature, if changing Regis	City	Zip Code
1808 (Segmenca Agent 8 Signature, ii changing Regis	iereu 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 daties, 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DOMINIC HARRISON	5432 NW CRISTA ST	□Add
		PORT ST LUCIE, FL 34986	□Remove
		<u></u> -	€Change
	<del></del>		DAdd
		-	□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
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ffective date, if other		of meet the applicat	date of filing or more ble statutory filing re	(option) than 90 days after till quirements, this d	al) ing.) Pursuant to 605.020 ite will not be listed a
'an effective date is listed, the Sote: If the date inserted locument's effective date					
<b>Sote:</b> If the date inserted	ed effective date, but r	not an effective tim	ie, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after th
<u>Sote:</u> If the date inserted locument's effective date record specifies a delayer	ed effective date, but r	not an effective tim	ae, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after th
Nov a	<u> </u>	2021	_·		The 90th day after th
Nov a	<u> </u>	2021	e, at 12:01 a.m. on t		The 90th day after th

Filing Fee: \$25.00