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7/26/2016

COVER LETTER

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SUBJEC	C.R.U. AU	TO SALES, LLC.		
COBOLC		Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		JANIXA RAMOS		
DEALER CONSULTING SERVICES, INC. Firm/Company 7537 NW 7TH AVE Address MIAMI, FL 33150 City/State and Zip Code CORPORATIONS@DCSMIAMI.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JANIXA RAMOS 305 758-9001 at (
		DEALER CONSULTING	SERVICES, INC.	
		• • • • • • • • • • • • • • • • • • • •	Firm/Company	····
	•	7537 NW 7TH AVE		
	Division of Corporations C.R.U. AUTO SALES, LLC. Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: JANIXA RAMOS Name of Person DEALER CONSULTING SERVICES, INC. Firm/Company 7537 NW 7TH AVE Address MIAMI, FL 33150 City/State and Zip Code CORPORATIONS@DCSMIAMI.COM E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: IEXA RAMOS Name of Person Area Code Daytime Telephone Number Osed is a check for the following amount: S25.00 Filing Fee \$30.00 Filing Fee \$\Bigcit{Certificate of Status}{Certified Copy}{Certificate of Certified Copy} Certificate of Certified Copy Certified Copy Certificate of Certified Copy Certified Cop			
SUBJECT The enclose Please return JANIXA I		MIAMI, FL 33150		
	Division of Corporations C.R.U. AUTO SALES, penclosed Articles of Amendment be return all correspondence conc JANIXA DEALE 7537 NV MIAMI, CORPOR CORPO		City/State and Zip Code	
SUBJEC The enclo Please ret For furthe JANIXA Enclosed		E-mail address: (to be used for future annual report notifi	cation)
For furthe	er information co	oncerning this matter, please ca	all:	
JANIXA	RAMOS			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
₩ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status &

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 From: Sandra Perez

Fax: (888) 501-2390

To: 8506176383@rcfax.con Fax: +18506176383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C.R.U. AUTO SALES, LLC.

(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 02/11/2016

and assigned florida document number L16000030003

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:

(Mailling 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:

TEILLY S HOWARD JR

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 filled 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.

3080 W THARPE ST STE C

Cin

TALLAHASSEE

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

From: Sandra Perez

Fax: (888) 501-2390

To: 8506176383@rcfax.con Fax: +18506176383

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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	Address	Type of Action
MGR	TELLY S HOWARD	3080 W THARPE ST STE C	Add
		TALLAHASSEE, FL 32303	E Remove
			☐ Change
MGR	TELLY S HOWARD JR	3080 W THARPE ST STE C	= Add
,		TALLAHASSEE, FL 32303	Remove
			Change
			Add
			□ Remove
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			ALL ARE
			Remove -
			F. S.
			□ Remove
		<u> </u>	□ Change
			□ Add
			Remove
			□ Change

From: Sandra Perez

Fax: (888) 501-2390

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ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this becument's effective date on the I	te date of filing:(optional) ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 600 clock does not meet the applicable statutory filing requirements, this date will not be list Department of State's records.	5,0207 (3 ed as th
e record specifies a delaye The 90th day after the rec	ed effective date, but not an effective time, at 12:01 a.m. on the earli cord is filed.	er of:
ated JULY 25	2016	
	10 May Kar	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00