16000035622

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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K. SALY EXAMINER MAR - 1

COVER LETTER

Divi	ision of Corp	orations				
CHRIECT	JAAR AUTO	O SALES LLC				
SUBJECT.		Name of Limit	ed Liability Company			
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.			
Please return	all correspon	dence concerning this matter to	o the following:			
,		ANDY PENA				
			Name of Person	<u></u>		
		JAAR AUTO SALES LLC				
Firm/Company						
4701 SW 45 ST						
			Address			
		DAVID FL 33314				
			City/State and Zip Code			
		APENAR26@GMAIL.COM	A o be used for future annual report notific	eation)		
For further i	nformation co	ncerning this matter, please ca				
ANDY PEN	NΑ		at () Area Code Daytime			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	e following amount:				
\$25.001	Filing 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:

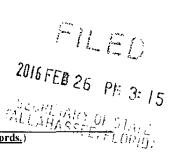
TO:

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



JAAR 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 v Florida document number L16000035622	vere filed on 02/12/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "L.L.C" or the a	abbreviation "L.L.C."
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 off registered agent and/or the new registered office address here		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am rovided for in Chapter 605, F.S. O	n familiar with and br. if this document is

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>	Address	Type of Action
MGR	ANDY PENA	4701 SW 45 ST DAVID FL	\ \Add
		33314	☐ Remove
			□ Change
AMBR	RURICO PENA	4701 SW 45 ST DAVID FL	
		33314	Remove
			■ Change
AMBR	PEDRO PERALTA	4701 SW 45 ST DAVID FL	Add
		33314	Remove
			■ Change
			Remove
			☐ Change
			20 Add TEB
			Remove To Remove
			Remove
			□ Change

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Effective	date, if other t	han the date	e of filing:				(optio	nal)	
(If an effective	e date is listed, the	e date must be s	pecific and ca	nnot be prior t	o date of filing	or more than 9	0 days after t	filing.) Pursua	nt to 605.0
	he date inserted is effective date				ble statutory	filing require	ments, this	date will no	t be listed
document	5 - 11001110 - 11110	on the paper.							
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	d specifies a th day after			e, but not	an errectiv	ve time, at	17:01 g	.rn. on the	e earlier
) The so	th day arec		is med.						
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Filing Fee: \$25.00