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COVER LETTER

TO: Registration Section . Division of Corporations
SUBJECT: Desoto Auto City LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sheila Vaughan
Desoto Huto City LLC
23 El Verano Hue.
Arcadia F1. 34266 3
Desoto Auto City a abl. com E-mail address: (to be used for future fabrual report notification)
For further information concerning this matter, please call:
Shella Vaughan at (863) 491-0874 Name of Person Area Code Daytime Telephone Number
Area Code Traytime reseptione Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Desisto Auto	City uc
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now adpears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on 4-19-2016 and assigned
Florida document number <u>L1606067695</u> 2	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3470 SW HWy 17
(Principal office address MUST BE A STREET ADDRESS)	3470 SW HWy 17 Avoadia F1. 34266
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	23 El Verano Aue. Arcadia, F1.34266
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ice address on our records, enter the name of the nev
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:	<u> </u>
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete particeept the obligations of my position as registered agent as properties filled to merely reflect a change in the registered office as company has been notified in writing of this change.	to act in this capacity. I further agreetic comply with the erformance of my duties, and Pam familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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 Title Name <u>Address</u> Type of Action Telly J. Vaudran 33 El Verano Ave. XAdd
Arcadia 71.3426 Rem _□ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change _□ Add _□ Remove ☐ Change () □ Add \triangleright ☐ Remove 4. 1. ĆÒ 22 ☐ Change □ Add ☐ Remove

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Filing Fee: \$25.00