

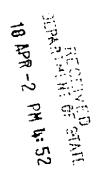
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## **COVER LETTER**

TO: Registration Sec Division of Corp				
suвject: <u>) 8</u>	Dee Auto So Name of Limi	ited Liability Company	<del></del>	
The enclosed Articles of ,	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Duren Pich	Volsun Name of Person		
		Firm/Company		
	_ le London			•
	palm o	Coast F2 32 City/State and Zip Code	137	
	E-mail address: (i	to be used for future annual report notific	350, "	
For further information co	oncerning this matter, please co	ali:	2018 TALL	<b>451</b> 71
Name o	f Person	at ( <u>386</u> ) <u>627</u> — Area Code Daytime T	74 99 AH PR - 2	FILED
Enclosed is a check for th	ne following amount:		で で に に	D
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certificate Copy (additional copy is enclosed)	

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

1) & Dec Acto Salos 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 $\frac{5/20/16}{48878}$ and assigned
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:  FIRST CIUSS ACHOS LLC
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)  OVANCE PARK FL 32065
(Principal office address MUST BE A STREET ADDRESS) OYANGE PORK FL 32065
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:
New Registered Agent:    New Registered Office Address:   Enter Florida street address   Color
City 2 Zip Carle
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of file  If the date inserted in this block does not meet the applicable statuto cument's effective date on the Department of State's records.	ling or more than 90 days after	filing.) Pursuant to 605.6	1
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record specifies a delayed effective date, but not an effective 90th day after the record is filed.	ctive time, at 12:01 a	a.m. on the earne	1 (
Action Signature of a member or authorized representations.			
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Filing Fee: \$25.00