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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : WESTON CORPORATE ADMINISTRATION, LLC

Account Number : I20090000072 Phone : (954)356-2905 Fax Number : (954)337-8346

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MGK AUTO SALES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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Help

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D. SCOTT

FAX COVER SHEET

ТО	FLORIDA DEPARTMENT OF STATE FDOR
COMPANY	
FAXNUMBER	18506176383
FROM	Jacqueline Rodriguez
DATE	2017-08-29 21:33:57 GMT
RE	MGK AUTO SALES LLC

COVER MESSAGE

MGK AUTO SALES LLC

REGISTERED AGENT ADDRESS CHANGE

REMOVE MANAGER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(((H170002334433)))

MGK AUTO SALES LLC			
(Name of the Lim	ited Liability Company as (A Florida Limited Liabilit	t now appears on our records.) y Company)	
The Articles of Organization for this Limited I	Liability Company were	filed Th06/21/2016	and assigned
Florida document numberL16000119531	_ <u></u> •		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited ilability c	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	····	
(Principal office address MUST BE A STRE	ET ADDRESS)		
	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE			
			-40
		•	50 E m
B. If amending the registered agent and registered agent and/or the new registered of		,	1 19
	·		9 17
Name of New Registered Agent:			
New Registered Office Address:	3160 SW 8TH ST		
		Enter Florida street address	
	MIAMI	, Flor	ida 33135-4534
	(Stry :	Zip Code

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

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To: FLORIDA DEPARTMENT OF STATE FD Page 4 of 5 2017-08-29 21:34:21 (GMT)

From: Jacqueline Rodriguez

500

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H170002334433))) MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	POLIDORO, GIANNI	3160 SW 8TH	
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			Add
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Page 2 of 3

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ctive date, it other than the da effective date is listed, the date must be eg If the date inserted in this block	specific and c	unnet be prior to	date of filing or more	than 90 days after f	iling.) Pursua	nt to 605.	0207 (3)(b) d as the
iment's effective date on the Depa	rtment of Sta	to's records.				-	
record specifies a delayed e ne 90th day after the record	ffective da I Is filed.	te, but not a	an effective tin	ne, at 12:01 a.	m. on the	earlie	r of:
AUGUST 28		2017					
Vittorio maraone vinono manone sug 29, 2017}							
Si	mature of a me	ember or authoria	zed representative of	a member			
VITTORIO MARAONE							
	1	yped or printed	name of signee			_	

Filing Fee: \$25.00