11/8/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PRIME ACCOUNTING & CONSULTANCY LLC

Account Number : I20180000090

Phone : (407)232-6777

Fax Number

: (407)710-0533

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAR EXPERTS LLC

| Certificate of Status | 0 | <u> </u> | 59 | |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| CAR EXPERTS LLC | | | 2019 NOV 13 P ; | P: Li Q |
|---|---|-------------------------------------|-------------------------------|-------------|
| (Name of the Limited Linh) (A Florie | lity Company as it now and da Limited Liability Compa | pears on our recor | 45.7 | |
| The Articles of Organization for this Limited Liability Florida document number L16000125176 | Company were filed or | 06/30/2016 | and assig | ńed⊬Å |
| This amendment is submitted to amend the following: | | | | |
| | icad bishibity common | s: hara- | | |
| A. If amending name, enter the new name of the lin | писо напиту соправ | <u>1 11616</u> . | | |
| The new name must be distinguishable and contain the words "Li | imited Liability Company." | the designation "LI | .C" or the abhreviation "L.L. | C.* |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADI | | | | |
| | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office at Name of New Registered Agent: | ddress here: | | os, enter the name of | |
| | | | | |
| New Registered Office Address: | Enter Florida street audress | | lress . | |
| | | ·• | FloridaZip Code | |
| | | | zip Code | |
| New Registered Agent's Signature, if changing Registe | ered Agent: | | | 1 d d |
| I hereby accept the appointment as registered age provisions of all statutes relative to the proper am accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan | d complete performan d agent as provided fo tered office address, l | ce oj my auties. r in Chapter 60 | 5. F.S. Or, if this docu | ment is |
| | If Changing Registe | red Agent, Signate | ire of New Registered Agen | 1 |

Page 1 of 3

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

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MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------------------------------|--|----------------|
| MGR | NASCIMENTO, JOCELIO NOBRE | 4825 EDGEWATER DR ORLANDO, FL 32804 | |
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| If amending any other information, enter change(s) here: (Attach additional sheets, if n | (((H19000329908 3))) |
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| Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records. | optional) after filing.) Pursuant to 605,0207 (3) , this date will not be listed as the |
| f the record specifies a delayed effective date, but not an effective time, at 12:(b) The 90th day after the record is filed. | 01 a.m. on the earlier of: |
| Dated NOVEMBER 08 2019 | |
| | |
| Signature of a member or authorized representative of a member | |
| Helder Areas Moretto | |

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