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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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ALLAHASSEE, FLORIDA

COVER LETTER

| CUDIECT. | RERALEM CAR DEAL | ER, LLC | | | |
|-----------------------------|--|---|---------------------------------------|----------------------|----------------|
| SUBJECT: | Name of Lim | ited Liability Company | · | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | LEMEL DORVILUS | | | | |
| | | Name of Person | | 7 × 18 × 18 | |
| | RERALEM CAR DEALE | R, LLC | | | - n |
| | · · · · · · · · · · · · · · · · · · · | Firm/Company | · · · · · · · · · · · · · · · · · · · | T 23 FANC ASSE | |
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| | LOXAHATCHEE, FL 334 | 70 | | 29 IDA | |
| | MELVILUS@GMAIL.CO | | | | . Francisco de |
| | E-mail address: (| to be used for future annual report notifi | cation) | | |
| For further information c | oncerning this matter, please ca | all: | | | |
| LEMEL DORVILUS | | 561 662-8306 at () | | | |
| Name o | f Person | Area Code Daytime | Telephone Number | | |
| Enclosed is a check for the | he following amount: | | | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & | |
| | ING ADDRESS. | etreet/court | CD ADDDRESS | | |

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

| RERALE | M CAR DEALER LLC. | |
|---|---|--|
| (<u>Name of the Limited Liability C</u> (A Florida Lii | Company as it now appears on o mited Liability Company) | ur records.) |
| The Articles of Organization for this Limited Liability Com Florida document number | npany were filed on07/05/2 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| RERALEM CAR DEALER, LLC | | |
| The new name must be distinguishable and contain the words "Limited | l Liability Company," the designa | ion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRES | <u> </u> | |
| | | ALT G T |
| | | LE 23 Will SSE |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | [0] 6 |
| | • | 29 |
| B. If amending the registered agent and/or register registered agent and/or the new registered office addres Name of New Registered Agent: | | records, enter the name of the no |
| | | |
| New Registered Office Address: | Enter Florida str | ect address |
| | | , Florida |
| | City | 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

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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| ective date, if other than a effective date is listed, the date | e must be specific a | ind cannot be | prior to date o | f filing or more | | er filing.) Pursuar | |
| te: If the date inserted in the cument's effective date on the | is block does not he Department of | t meet the ap f State's rec | oplicable stat ords. | utory filing n | equirements, th | is date will not | be listed |
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| record specifies a dela he 90th day after the | | | t not an ei | fective tim | ie, at 12:01 | a.m. on the | earlie |
| ed OCTOBER 19 | | 2018 | 1: | A. | - | _ | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00