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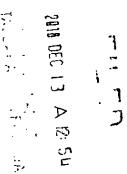
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## **COVER LETTER**

TO:

TO;	Registration Sec Division of Corp			
aup u	. com	RERALEM CAR DEAL	ER, LLC	
SUBJE	.c.:	Name of Lim	ited Liability Company	
The end	closed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please :	return all correspon	dence concerning this matter	to the following:	
			LEMEL DORVILUS	
		· · · · · · · · · · · · · · · · · · ·	Name of Person RERALEM CAR DEALER, LLC	
		3900 WOODLAKE E	Firm/Company	7
		J700 WOODLARD	Address	7 PEC 13
		The way		
			City/State and Zip Code	
		RERALEM@Gi	MAIL.COM  to be used for future annual report notifi-	cation)
For fur	ther information co	ncerning this matter, please ca	·	
	LEMEL DORV	'ILUS	561 662-8306	
<del>-</del>	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	following amount:		
	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo:	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RERALEM C	AR DEALER, LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document numberL16000129652	were filed on07/05/2016	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	3900 WOODLAKE BLVD, SUITE 301 C				
(Principal office address MUST BE A STREET ADDRESS)	GREENACRES, FL 33463				
Enter new mailing address, if applicable:	14576 KEY LIME BLVD	2818 06			
(Mailing address MAY BE A POST OFFICE BOX)	LOXAHATCHEE, FL 33470				
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ter the name of the ne			
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:

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>	Name	Address	Type of Action
MGR	DORVILUS, RENELLE		
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		Greenacres, FL 33463	■ Remove
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f an effective da <u>Note:</u> If the d	e, if other than t ate is listed, the date late inserted in this fective date on the	must be specific a block does not	nd cannot be pr meet the app	licable statuto			ng.) Pursuant	
	pecifies a delay day after the r			not an effec	tive time, at	12:01 a.m	n. on the	earlier o
Dated	· · · · · · · · · · · · · · · · · · ·			— <i>þ</i>	-Aug	,		
				Mari	WATE			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00