LKWW0130451

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor			
	O SALES LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filling.	
Please return all correspo	ondence concerning this matter t	o the following:	
	CESA FLETE ALMONTE		
		Name of Person	
	CNL AUTO SALES LLC		
		Firm/Company	
	18580 E COLONIAL DR.	UNIT 10	
		Address	
	ORLANDO, FLORIDA 32	820	
	CNR ALPTON AL DECOGNA	City/State and Zip Code	
	CNLAUTOSALES@GMAl L-mail address: (t	o be used for future annual report not	itication)
For further information c	concerning this matter, please ca	II:	
CESAR FLETE ALMO		321 804-7268	
Name e	of Person	at ()	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	□ \$30.00 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 epclosed)
	ING ADDRESS:	STREET/COUR Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2061 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CNL AUTO SALES LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records. ed I iability Company)	}
The Articles of Organization for this Limited Liability Compa Florida document number 1.160000130451	my were filed on 7/11/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited h	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LC"	or the abbreviation "L.1.,C."
Enter new principal offices address, if applicable:		9 3
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		TO THE ST
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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
AMBR	LAMEC PENA	1968 LAKE HERITAGE CIR #115	
		ORLANDO, FLORIDA 32839	■ Remove
			□ Change
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(H'an ef <u>Note:</u>	five date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Datad	08/21/2017
Dated	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00