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COVER LETTER

	tion Section of Corporations	
-	rical Auto Outlet LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.	
Please return all co	orrespondence concerning this matter to the following:	
	Diana M Berthiaume	
	Name of Person	
	Tropical Auto Outlet LLC	
	Firm/Company	
	7128 E. Colonial Drive	
	Address	
	Orlando / Florida / 32808	
	City/State and Zip Code TAS2729@GMAIL.COM	
	E-mail address: (to be used for future annual report notification)	
For further inform	ation concerning this matter, please call:	
Diana M Berthiau	Name of Person Area Code Daytime Telephone Number	٦
	Name of Forson	
Enclosed is a chec	k for the following amount:	J
■ \$25.00 Filing	Fee \$\Bigcup \$30.00 \text{ Filing Fee & Bound Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} \$60.00 \text{ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \$\$ Certified Copy (additional copy is enclosed)	

MAILING ADDRESS: 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

Tropical Auto Outlet LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company Clorida document number	were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Tropical Auto Sales & Rent to Own LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
er new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	Orlando Florida 32807	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the n
Name of New Registered Agent:		SAN EB.
New Registered Office Address:		C SHOW
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address	700
	. Florida	REAL FE
	City	Zin Code r-

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>	<u>Address</u>	Type of Action
AMBR			
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an effective date is listed, the date mu	ist be specific and cannot be prior to	o date of filing or more than 9	0 days after filing.) Pursuan	t to 605.02 be listed
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e record specifies a delaye The 90th day after the re	ed effective date, but not cord is filed.	an effective time, at	: 12:01 a.m.		earlier
February 06	2017				
1077	WAAD	_·	, <u>.</u>		
	Signature of a member or author	ized representative of a men	ber		_ _

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00