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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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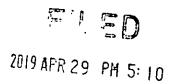
то:	Registration Se Division of Cor				
SUBJE	CYT	TO SALES LLC			
SUBJE	(,1; <u> </u>	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		KAREN PERSON			
			Name of Person		
		D.B.K. AUTO SALES LE	.C		
			Firm/Company		
		4804 HIGHWAY AVE			
			Address		
JACKSONVILLE, FL 32254					
			City/State and Zip Code		
		DBKAUTOSALES@GMAIL.COM			
		E-mail address: (to be used for future annual report notif	ication)	
For furt	her information c	oncerning this matter, please c	all:		
KARE	N PERSON		904 300-7522		
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclose	d is a check for th	ne 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 enclosed)	
	MAIL	ING ADDRESS:	STREET/COURI	FR ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



D.B.K. AUTO SALES LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our record I Liability Company)	<u>N</u>
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{L16000142472}{L16000142472}$.	y were filed on <u>07/29/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
DBK AUTO SALES LLC		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	4804 HIGHWAY AVE	
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE, FL 32254	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:	re: Enter Florida street addres.	S
	, Flo	orida 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
		·	Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
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in effective date is listed, the	he date must be specific	e and cannot be prior	to date of filing or r	tore than 90 days afte	ional) r tiling.) Pursuant to 605	5.02
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record specifies a	delaved effectiv	ve date, but no	t an effective	time. at 12:01	am on the earli	ier (
The 90th day after	the record is fil	ed.	e arr criective	c, dt 12.01	a.m. on the earn	
nted		2019				

Page 3 of 3

KAREN PERSON

Filing Fee: \$25.00

Typed or printed name of signee