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## **COVER LETTER**

Division of Corporations	
SUBJECT: VW AUTO SALE LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
VICTORIA DEFINA ARCINIEGA HUBY	
. Co	
O. Comega Suly	
Pitm/Company	
3909 GUY 152 CT	•
Address	
MIAMI 7L 33185	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
- Total State Control Contro	_
For further information concerning this matter, please call:	
VICTORIA DELFINA ARCINIEGA HUBY at (786) 3558612 TO Name of Person Area Code Daytime Telephone Number? To	T
Name of Person Area Code Daytime Telephone Number 7	1
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Enclosed is a check for the following amount:	
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#### MAILING ADDRESS:

TO: Registration Section

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

OTLA WV	SAIG	LLC			
(Name of the Limited (A	<b>Liability Company as</b> Florida Limited Liabil	it now appears on our ty Company)	records.)	<del></del>	
The Articles of Organization for this Limited Liab Florida document number		e filed on OS	08/2016	2 and assigne	èd
This amendment is submitted to amend the follows	ing:				
A. If amending name, enter the new name of the	e limited liability	company here:			
The new name must be distinguishable and contain the word	s "Limited Liability Co	ompany," the designation	on "LLC" or the ab	breviation "L.L.C."	<u>.</u>
Enter new principal offices address, if applicable	le:			~	
(Principal office address MUST BE A STREET)	ADDRESS)			<u> </u>	
	·		HAT SEE	NO V	
			SSE	28	•
Enter new mailing address, if applicable:			<u> </u>	7 [1]	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		STATE LORIO	# 0	
			<u> </u>	0 8	
B. If amending the registered agent and/or registered agent and/or the new registered offic		address on our r	ecords, enter	the name of t	the new
Name of New Registered Agent:	VICTORIA	DELLINA	AZCINI	EGA HU	BY .
New Registered Office Address:	3908	SW 157 Enter Florida stree	2 CT		
; ;	MILM			33185 Zip Code	<u>-</u> <u>)</u>

#### 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

Title	Name	Address	Type of Action
PRES	VICTORIA, ARCINIEGA D	3909 5W 152 CT HIANIFL 331	<u>87</u> □ Add
			_ <b>≅</b> Remove
٠.			Change
PRES	VICTORIA DETFINA ARCHIEGA HUGY	3908 SW 152 CT NAMI AC 5318	<u>5</u> <b>3</b> Add
			Remove
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		ALLAHASSEE, FLORI	Remove
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effective day	e, if other than the is listed, the date in	nust be specific at	nd cannot be			nore than 90 d		ing.) Pu		
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Filing Fee: \$25.00