## 116000/64606

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D. SCOTT NOV 2 3 2016

## **COVER LETTER**

Division of Corporations	
SUBJECT: Name of Limited Liabili	DSales 22.  ty Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to the follo	wing:
24She11 Gelle Dot50. Name of Person	1
D3 2 Auto Swes LL Firm/Company	C
D Box 4741 Address	
Miani, Lovi, La 332  City/State and Zip Code	69
E-mail address: (to be used for future annual report notification	
For further information concerning this matter, please call:	Fig. 2
Name of Person Ar	849.97 le 9 55 56 ca Code & Daytime Telephone Number
Registration Section Registration of Corporations Division Clifton Building P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, Florida 32314
Enclosed is a check for the following amount:	

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

TO: Registration Section

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on  $9 \cdot / \cdot /$ Florida document number 460001104606 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

## 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 = Aut	thorized Member		
<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00