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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Little Spender	s Auto Sales LLC
Name of Limited	d Liability Company
The enclosed Articles of Amendment and fee(s) are submi	tted for filing.
Please return all correspondence concerning this matter to	the following:
Jesu.	S GARCIA AYALA Name of Person
Litte Sp	Enders Auto SALES LLC Firm/Company
POBOX 3	606 Address
NoRTH For Chuchegan	City/State and Zip Code  Cia267 @ GMAIL . Com  be used for future annual report notification)
E-mail address: (to	oe used for future annual report notification)
For further information concerning this matter, please call:	·
Jesus Garcia Ayala Name of Person	at Q39 645-6155
Enclosed is a check for the following amount:	Market and the second
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, 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

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Little Spenders Acto Sales, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co				
Florida document number <u>L_16000   76   33</u>	, , ,	- 2016	_ and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLG	C" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>			
Enter new mailing address, if applicable:	-		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr Name of New Registered Agent:		ls, enter the	e name of the ne	W
· · · · · · · · · · · · · · · · · · ·			201	
New Registered Office Address:	Enter Florida street addre	ss =	2016 00	
· · · · · · · · · · · · · · · · · · ·		ss lorida	2018 OCT	
New Registered Office Address:	City F	lorida	Top Code	
· · · · · · · · · · · · · · · · · · ·	City F	lorida	Zip Code	

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 ,

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jesus Garcia Ayala	187 Hobnail Dr. North Fort Myers Fl 33903	Add
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ocument's effective date on the Department of State's records.				
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Page 3 of 3

Filing Fee: \$25.00