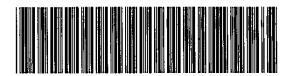
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MCDONALDS AVTO RECON L.L.C. 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:
Myle Dewayne WCDonald Name of Person
MyDonalds auto recon LL.C.
3480-BHavendale Blvd. W.W.
Winter Haven FL 33881 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MYISTA GOOD at (2003) 2109-8403 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \$\Bigcup \\$55.00 Filing Fee & \$\Bigcup \\$60.00 Filing Fee, \$\Bigcup \\$certificate of Status & \$\Bigcup \\$certified Copy &

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**

(Name of the Limited Liability Compa (A Florida Limited	RECON I.I.C any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number \(\ldots \) \(\ldot	were filed on 10/12/2016		and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	the abbrev	iation "L	.L.C."
Enter new principal offices address, if applicable:		101 101 101	21	
(Principal office address MUST BE A STREET ADDRESS)		1.0 2.0 2.0 3.0 3.0 4.0 4.0 4.0 4.0 4.0 4.0 4.0 4.0 4.0 4	CIP U	- Army and
		\$25 (0.50	125 125 126	Armestan S
		Y° 2	11.	
Enter new mailing address, if applicable:		- F.S.	Ū	
(Mailing address MAY BE A POST OFFICE BOX)			ب	
		> .	<u> </u>	- X6
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the	name	of the new
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Enter r torida street address			
·	, Florid		Zip Code	
New Registered Agent's Signature if changing Registered Agent:		-	np Coul	

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
<u>AMBR</u>	hyle Dewayne McDonald	3480-B Havendale Blvd FL, 33881	J⊠ ∕Add
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