# L140000200234

(Re	questor's Name)	
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J.HARRIS

## **COVER LETTER**

	tion Section of Corporations	
	net Auto Sales LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.	
Please return all cor	orrespondence concerning this matter to the following:	
	Keith Baxter	
	Name of Person	
	Kismet Auto Sales LLC	
	Firm/Company	
	3286 Commercial way	
,	Address	
	Spring Hill, FL. 34606	,
	City/State and Zip Code	
	sales@kismetauto.com	
	E-mail address: (to be used for future annual report notification)	
For further informa	ation concerning this matter, please call:	
Zandra Di Giorgio	352 442-1714	
N	Name of Person Area Code Daytime Telephone Number	
Enclosed is a check	k for the following amount:	
■ \$25.00 Filing F	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &

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

Kismet Auto Sales LLC	_	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL16000200234	y were filed on 10-31-2016	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:	
Kismet Auto Sales LLC		
The new name must be distinguishable and contain the words "Limited Liab	sility Company,,, the designation "LLC,, or th	e abbreviation "L.L.C.,,
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	3286 Commercial way	7
Trucqui office address MOST BE A STREET APPRECIS	Spring Hill, FL. 34606	The state of the s
	***	9 %
Enter new mailing address, if applicable:	3286 Commercial way	<b></b>
(Mailing address MAY BE A POST OFFICE BOX)	Spring Hill, FL. 34606	7.05 
		4
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he Name of New Registered Agent:		ter the name of the ne
		-
New Registered Office Address:		
	Enter Florida street address	
	Enter Florida street address . Florida	

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00