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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| Division of Cor | porations | | |
|----------------------------|--|---|---|
| OPG AU SUBJECT: | TO SALES LLC. | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of . | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | DEMETRIOUS SCULLOG | CK SR. | |
| | | Name of Person | |
| | OPG AUTO SALES LLC. | | |
| | | Firm/Company | |
| | 7301 ROWLETT PARK D | PR. | |
| | | Address | |
| | TAMPA FL 33610 | | |
| | | City/State and Zip Code | |
| | OPGAUTOSALES813@G! | | |
| | E-mail address: () | to be used for future annual report notific | ation) |
| For further information co | oncerning this matter, please ca | all: | |
| DEMETRIOUS SCULL | OCK SR. | 813 728-3398 | |
| Name o | f Person | | Telephone Number |
| | | | |
| Enclosed is a check for th | e following amount: | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

TO: . Registration Section

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 Hability Company as it now appears on our records) (A Plorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 7/24/2017 | OPG AUTO SALES LLC. | | |
|---|--|--|-------------------------------|
| 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 | (Name of the Limited Liability Comp. (A Florida Limited | any as it now appears on our recor Liability Company) | <u>'ds.</u>) |
| 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 stree; address Florida | The Articles of Organization for this Limited Liability Company | y were filed on <u>7/24/2017</u> | and assigned |
| 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 stree; address Florida | Florida document number L16000206814 | | |
| 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 stree; address Florida | This amendment is submitted to amend the following: | | T JUL |
| 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 stree; address Florida | A. If amending name, enter the new name of the limited liab | bility company here: | 22 7 1 |
| 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 stree; address Florida | The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LL | C" or the abbreviation |
| 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 stree; address Florida | Enter new principal offices address, it applicable: | | |
| 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 stree; address Florida | (Principal office address MUST BE A STREET ADDRESS) | | |
| Name of New Registered Agent: New Registered Office Address: Enter Florida stree; address Florida | | | |
| Enter Florida street address , Florida | registered agent and/or the new registered office address her | | ds, enter the name of the new |
| Enter Florida street address , Florida | | | |
| , Florida | New Registered Office Address: | Enton Plantil e argant addu | |
| , Florida | | Enter Pioriaa street aaar | 203 |
| City Zip Code | | | dorida |
| | | City | Zip Code |

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|--|----------------|
| MGR | IRWIN H, WALDEN | 5115 N 20TH ST | _ □ Add |
| | • | TAMPA, FL 33610 | ■ Remove |
| | | | ☐ Change |
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| (If an effectiv <u>Note:</u> If th | date, if other than the date of filing: |
| | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: oth day after the record is filed. |
| Dated | 7/24 2017 |
| | 7/24 2017 . Workfulford Signature of a member or authorized representative of a member |
| | Demethous Sullock SR. Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00