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COVER LETTER

	Registration Se Division of Cor			
NUD IDZ		R CAR EASY.COM LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter		
		LUIS CARLOS RUIZ M/	ALDONADO	
			Name of Person	
			Firm/Company	
		230 S DIXIE HWY		
			Address	
		HOLLYWOOD, FLORID	A 33020	
			City/State and Zip Code	
		LRUIZ@BUYYOURCAR		
or furth	er information co	n:-man address: (oncerning this matter, please c	to be used for future annual report not all:	темов)
JUIS CA	ARLOS RUIZ M	IALDONADO	954 536-0859 at ()	
	Name o	f Person		ne Telephone Number
inclosed	is a check for th	ne following amount:		
3 \$25.0	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 of Certified Copy (additional copy is enclosed)
	Registr Divisio	ING ADDRESS: ation Section n of Corporations	STREET/COUR Registration Secti Division of Corpo	on
P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive C Tallahassee, FL 3	1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

BUY YOUR CAR EASY.COM LLC

2019 JAN 24 PM 2: 40

(<u>Name of the Lim</u>	ited Liability Co (A Florida Limi	mpany as it now appears on our ted Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited I	Liability Comp	any were filed on 11/16/2016	
Florida document number L16000209644			
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designation	"LLC" or the abbreviation "LLC."
Enter new principal offices address, if appli	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS	2	
			i
Enter new mailing address, if applicable:		N/A	1
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and registered agent and/or the new registered of			ecords, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:			1
New Registered Office Address.	<u> </u>	Enter Florida street	address
			Florida
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Age	ent:	Į.
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as region being filed to merely reflect a change in the company has been notified in writing of this	per and compl gistered agent registered off	lete performance of my duti as provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
MGR	JAIRO A. LUGO MARIN	230 S DIXIE HWY	Add
		HOLLYWOOD, FL 33020	B Aud
			Remove
		230 S DIXIE HWY	Change
	MADIA E HINGADIC	HOLLYWOOD CL 22020	a change
MGR	MARIA E. HINCAPIE QUINTERO	HOLLYWOOD, FL 33020	■ Add
			Remove
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ffective date, if oth	er than the date of		LA. COU.	<b>optional)</b> (optional) than 90 days after filing.) Purs	(05.000
Note: If the date inser	ted in this block does	not meet the applical	ole statutory filing re	man 90 days after filing.) Purs quirements, this date will	not be listed as
locument's effective d	late on the Departmen	it of State's records.			
			ee		
The 90th day aft	er the record is fi	iled.	an errective time	e, at 12:01 a.m. on t	ine earlier o
Dated	1	2019			1
	Vanna	HODEN OF YOU	_ •		
	- 1	and the management	<del></del>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00