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COVER LETTER

FO:	Registration Sec Division of Corp			
· • · • • • •	11 6161	WHOLESALE LLC		
SUBJI	ECT:	Name of Limit	ted Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspor	ndence concerning this matter t	o the following:	
		JUSTIN K. DEJESUS		
		J & E AUTO WHOLESAL	Name of Person E LLC	
		TAMPA, FL 33613	Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fu	irther information co	oncerning this matter, please ca	all:	
JUST	TN K. DEJESUS		at (813) 431-	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for th	ne 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)

MAILING ADDRESS:

TO:

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**

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		_	
The Articles of Organization for this Limited Liability Company Florida document number L16000218433	were filed on MAY 21, 2019	and	assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation	"L.L.C	• • • • • • • • • • • • • • • • • • • •
Enter new principal offices address, if applicable:	14975 N. NEBRASKA AVE, STE. #4	Zg	15	
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33613	1 + 51		
		100	(C)	
Enter new mailing address, if applicable:	14975 N. NEBRASKA AVE, STE, #4	 <u></u>		
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33613	= 5:	ഡ <u>ബ</u> ഷൂ	
	·	:-		

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with th 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.

City

TAMPA

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JUSTIN K. DEJESUS	6055 WHITE SAILS DR, WESLEY CHAPEL, FL 33545	
			■ Remove
			□ Change
MGR	ANDONG HE	14975 N. NEBRASKA AVE, #4 TAMPA, FL 33613	■ Add
			☐ Remove
			Change
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	_		MAY 21, 2	019		=======================================	ല	
Effective	date, if other than the date is listed, the date is	the date of f	iling:	to date of filing or	more than 90 days	ptional) ifter filing \ Pursua	nt to 60°	5 0207
Note: If t	the date inserted in this is effective date on the	s block does r	not meet the applic	able statutory fil	ing requirements.	this date will no	t be list	led as
	d specifies a delay Oth day after the r			ot an effective	e time, at 12:0)1 a.m. on the	e earli	ier of
THE 90	otti day aiter the r	ecord is in	eu.					
Dated Ma	AY 21		2019	·				
		17						
		Signature	of a member or auth	orized representat	ive of a member			
	/							
	JUSTIN K. DEJESU	JS						

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Filing Fee: \$25.00