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COVER LETTER

Division of Co			
suвject: <u>State</u>	line auto St Name of Limi	ble and RePailed Liability Company	« Le
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	John A	Name of Person	
	Stoteline au	to Sale and rex	poir LLC
	10281 magnoli	a Hill 1) (Yo Address	
	JOEKSONVIII	EL 32210 City/State and Zip Code OLIO amail Com o belusadi for future annual report notifi	n fication)
For further information of	concerning this matter, please ca	ıll:	
	Andel Son of Person	at (<u>904</u>) <u>887</u> Area Code Daytime	5989 e Telephone Number
Enclosed is a check for t	he 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stateline outo Sale ar (Name of the Limited Liability Compa (A Florida Limited I	id Repair LLC	
(A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{b}{12020}$	and assigned
Florida document number <u>Ll6000 229184</u>	1	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
State line Towng LLe The new name must be distinguishable and contain the words "Limited Liabil		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbrevia	non L.L.C."
Enter new principal offices address, if applicable:	9126 Dandy Ave Jacksonville FL 32	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville FL 32	211
		2.5
Enter new mailing address, if applicable:	10281 magnolia hil	1 1) 1
(Mailing address MAY BE A POST OFFICE BOX)	10281 magnotia hil Jacksonville FL 32219	>
B. If amending the registered agent and/or registered office a	nddress on our records, <u>enter the name of t</u>	he new registered
agent and/or the new registered office address here:		
		,
Name of New Registered Agent:		
New Registered Office Address:		.3
	Enter Florida street address	171
	Florida	
	, Florida	2 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or remov	Ca Holl var (CC), G2.
MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Remove
			□Change
		□Add	
		Remove	
		······································	□Change
		□Add	
			□Remove

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effi <u>Note:</u>	ve date, if other than the date of filing:
e record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated .	
	Signature of a member or authorized representative of a member
	John Anderson Typed or printed name of signee