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S. WARREN

JUL 0 5 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TR & AUTO SALES LIC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
TASITAN REDUCTS Name of Person
TRER ALTO SALES, UC Firm/Company
1119 N.W. 18th Ci-
ET. LAUFEDNEE FL 33311  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TASTERN REDOCKS at (786) 326 3280  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \$60.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)

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

1R 3 RALITO	ed Liability Company as it no (A Florida Limited Liability C	ow appears on our recompany)	cords.)		
The Articles of Organization for this Limited Li Florida document number <u>L1つめっ</u> る	ability Company were fil. 24'227.	ed on <u>01 31</u>	2017	and assigr	ned
This amendment is submitted to amend the following	wing:				
A. If amending name, enter the new name of	the limited liability con	npany here:			
The new name must be distinguishable and contain the w	ords "Limited Liability Comp	any," the designation "	LLC" or the abbrevi	ماما" ation	1.17
Enter new principal offices address, if applic	able:			17	
(Principal office address MUST BE A STREE	T ADDRESS)	·	<u> </u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		F. FLOAIDA*	-3 PH 4: 22	72
B. If amending the registered agent and/ registered agent and/or the new registered of		dress on our reco	ords, enter the	name of	the new
Name of New Registered Agent:	TASTER	N READ	ICKS		<del></del>
New Registered Office Address:	1119 NW	Enter Florida street ad	ddress		
	FT LACENT	BALE	, Florida $\frac{33}{z}$	3311 ip 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

Title Name Address Type of Action MGR PENEE RAGBER \_\_ 🗆 Add 6800 SW 5th Pl PLANTATED PREMOVE TL 33317 TASTEAN RENDECTS 1119 NW 18th CT FT LAURE ANTER Add MGR FL 33311 □ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_\_\_\_ □ Change □ Remove Change

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Filing Fee: \$25.00