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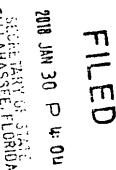
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Sectorial Division of Corp		•	•
SUBJECT: AC	<u> </u>	ED CAR SALES ited Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	PUSSELL	Name of Person	
	AUTO MATE	Firm/Company	ES LLC
	407 a.D	HWY 50 SUITE	_A
	MINNEOLA	City/State and Zip Code	
	INFO A	JTD MATE MOTOP C to be used for future annual report notifi	ARS COME T
For further information co	ncerning this matter, please ea	all:	cation) LLAHASSS 30
PUSSELL (Name of		at (<u>407)</u> <u>557-</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	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)

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

ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1-31-2017 Florida document number L 170000Z4Z31 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AUTO MATE MOTOR CAIRS The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) MINNECLA FL 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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>	Address	Type of Action
MGR	MARANGELLI CORDER() 1910 KNOLLCREST DE	2_□ Add
		CLEPMONT FL 347	Remove
			Change
MGR	EGLON BROWN	1301 WESTMEATH CT	D Add
		APOPKA FL 3270	3 □ Remove
			🗅 Change
			□ Remove
			🗖 Change
		75	Remove
		LAHASSEE. T	Change
		m _o	
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fect	tive date, if other than the date of filing: (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste
cun	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.
	ASS ASS
ited	JANUARY 26 2018.
	Simplify of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00