LITOOOSINI

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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DIVISION OF CONFERMATIONS

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COVER LETTER

| TO: | | | · | |
|---|-----------------------|----------------------------------|-----------------------------------|--------------------------|
| en in ir | CT | D & Y A | AUTO SALES AND REPAIR | ₹ |
| SUBJE | .C1: | Name of Lim | ited Liability Company | |
| The enc | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspe | ondence concerning this matter | to the following: | |
| | | St | IAUNE II JOHNSON SR | |
| | | | Name of Person | |
| Diession of Corporations D & Y AUTO SALES AND REPAIR | | | | |
| | | | Firm/Company | |
| | | 3080 | N WASHINGTON BLVD # | H |
| Division of Corporation SUBJECT: The enclosed Articles of Amenda Please return all correspondence of the follows Name of Person Enclosed is a check for the follows \$25.00 Filing Fee \$35.00 Filing F | | Address | | |
| | | | SARASOTA , FL 34234 | |
| | | | City/State and Zip Code | <u></u> |
| | | SJC | DHNSSR@GMAIL.COM | |
| | | E-mail address: (| to be used for future annual repo | rt notification) |
| For furt | her information c | oncerning this matter, please ca | all: | |
| | SHAUNE I | I JOHNSON SR | | |
| | Name o | f Person | Area Code E | Daytime Telephone Number |
| Enclose | ed is a check for the | ne following amount: | | |
| □ \$25 | .00 Filing Fee | | Certified Copy | Certificate of Status & |

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

| | | Wasie T. | |
|--|--|---|--|
| (<u>Name of the Limited Liability</u> (A Florida Li | Company as it now appears mited Liability Company) | on our records.) | |
| Florida document number L17000037141 | amend the following: e new name of the limited liability company here: and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." lress, if applicable: BE A STREET ADDRESS) SARASOTA, FL 34234 pplicable: OST OFFICE BOX) and agent and/or registered office address on our records, enter the name of the new or registered office address here: Ed Agent: SHAUNE II JOHNSON SR 2812 N DIXIE AVE Enter Florida street address | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limite | d liability company her | <u>e</u> : | |
| The new name must be distinguishable and contain the words "Limited | d Liability Company," the des | ignation "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 3080 N W | ASHINGTON BLVD #11 | |
| (Principal office address MUST BE A STREET ADDRE | SS) SARASO | OTA, FL 34234 | |
| | | | |
| C. A | | | |
| Enter new mailing address, if applicable: | _ | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address | | our records, enter the name of the new | |
| Name of New Registered Agent: | SHAUNE II JO | DHNSON SR | |
| New Registered Office Address: | 2812 N DIXIE AVE | | |
| | Enter Florid | a street address | |
| | SARASOTA | , Florida 34234 | |
| | City | Zip 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------|----------------------------|--|
| MGR | SHAUNE H JOHNSON SR | 2812 N DIXIE AVE SARASOTA. | Add |
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| | * MR HAYES THE CURRENT AGT OF RECORD WILL REMAIN LISTED AS WELL AS AN MGR | |
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| | OF COMMENT | |
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| Effec | tive date, if other than the date of filing:(optional) | |
| (If an e | ffective 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed | |
| | ment's effective date on the Department of State's records. | |
| ha ra | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier | r of |
| | e 90th day after the record is filed. | |
| | 11 1 20th 2012 | |
| Dated | Signature of a member or authorized representative of a member | |
| | | |

Page 3 of 3

Filing Fee: \$25.00