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COVER LETTER

TO: Registratio	n Section Corporations		
SUBJECT:	Get it	Right Arts Sanifed Lightlity Company	les LLC.
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
		David Pino	
		Get it Right	- Arto Sales
	915 Cov.	ntry Club Prado	
		City/State and Zip Code	34
	E-mail address: (to be used for future annual report notif	L- com
	on concerning this matter, please c	all:at (786_)43.9 Area CodeDaytime	809) Telephone Number
Enclosed is a check t	or the following amount:		
\$25,00 Filing Fe	e □ \$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

Get it Prist	of Auto Sales LC	- C.
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)	
(A Fidia Linuel La	lounty Company)	
The Articles of Organization for this Limited Liability Company w	vere tiled on	and assigned
Florida document number 4170000 41068	,, ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		, 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 offi	on address on our records onto	the nime of the nor
registered agent and/or the new registered office address here:	ee address on our records, enter	the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<u> </u>
	, Florida	
	City . Tiorida _	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 Title <u>Name</u> **Type of Action** Address AMBB Juan Carlos Casas 12250 S.W 117th court Bridge Migmi, F1 33186 _ Change _□ Add _□ Remove __ 🗖 Change ___ 🗆 Change _□ Add _____ Change _□ Řemove ☐ Change ☐ Remove

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Filing Fee: \$25.00