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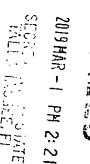
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Decision 5 Att Name)
(Business Entity Name)
(Document Number)
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R. WHITE

COVER LETTER

O: Registration S Division of Co			
SUBJECT:	Get This	A Ha Sales ited Liability Company	LLC,
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Name of Person	
	bet:	It Right Art S.	cles LCC.
		ty Us Prado Address	
	E-mail address: (City/State and Zip Code avid pine of Xmqi / Loun to be used for future annual report notif	ication)
	concerning this matter, please c		
Enclosed is a check for t	_		
\$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, Ft. 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

FILED

2019 MAR - 1 PM 2: 21

Get It Righ	t Auto Sales L	LC. SECRE TO STA
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on ou Limited Liability Company)	records.) MEC. 13868. FE
The Articles of Organization for this Limited Liability Co	ompany were filed on 21	21 7017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
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 addre		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida stree	t address
	Cirv	, Florida 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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = N MBR = A	lanager Authorized Member		
<u>'itle</u>	Name	Address	Type of Action
MGB	Janet Lafarga	Miani, Ff 33134	□ ∧dd
		Miani, F1 33134	□ Remove
			Change
			□ Remove
			Change
			Remove
	•		☐ Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			Remove

_□ Change

If ame	nding any other info: enter change(s) here: (Attach additional sheets, if necessary.)
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if an effe Note:	ve date, if other than the date of filing:
he rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _:	February 27 FMS . Zola
	Janet afair representative of a member
	JANET LA FARGA I voed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00