

L17 0000 41068

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COVER LETTER

	Registration Section Division of Corporations
SUBJEC	r: 6et it Right Arto Sales CCC. Name of Limited Liability Company
The enclo	sed Articles of Amendment and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	David Pins
	Setit Bight Ato Sales CCC. Firm/Company
	915 Country Ulub Prado
	City/State and Zip Code Oavid Rins 6 Ymai / com E-mail address: (to be used for future annual report notification)
For further	r information concerning this matter, please call:
	Name of Person at (186) 439 - 8097 Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$25.0	O Filing Fee Solution Solution Status Solution

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Get 1+ Bight	Auto Sale	s LLC.
(Name of the Limited Liability C. (A Florida Lin	ompany as it now appears on ou lited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Complete Florida document number <u>L17 0000 41068</u>	pany were med on	Z1/2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designati	on "L.L.C" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		r~>
(Principal office address MUST BE A STREET ADDRES.	<u></u>	
Enter new mailing address, if applicable:		· /
(Mailing address MAY BE A POST OFFICE BOX)		
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		9
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stred	et address
	A1.	, Florida
	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>	<u>Address</u>	Type of Action
AMBR	David Pins	Miani, Fl 33134	X\dd
		Miami, F1 33134	□Remove
			□Change
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			□Change
			□Add
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ffecti	ve date, if other than the date of filing: (optional) ective 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 605.0207
iote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
осшв	ent's effective date on the Department of State's records.
recor/	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is fil	_
1	August 16 rozy
vated .	710505110
	Signature of a member or authorized representative of a member