L17000046222

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| | | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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DEPARTMENT OF STATE

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FILES SECRETARY OF STATE SIVES OF CORPORATIONS

D. SCOTT MAR 1 7 2017

COVER LETTER

| | egistration Se vision of Cor | | | | | |
|--------------|---------------------------------|---|---|---|------------|-----------------|
| SUBJECT | | UTOMOTIVE LLC | | | | |
| SUBJECT | · | Name of Lim | ited Liability Company | | | |
| | | Amendment and fee(s) are sub | - | | | |
| Please retur | n all correspo | ondence concerning this matter | to the following: | | | |
| | | JONES, DENNIS H, SR. | | | | |
| | • | | Name of Person | | | |
| | | CHASE AUTOMOTIVE | LLC · | | | |
| | | | Firm/Company | <u></u> | | |
| | | 651 L. F. ROPER PARKV | /AY | | | |
| | | | Address | | | |
| | | OCOEE, FL 34761 | | | 17 | Ω Σ m |
| | | | City/State and Zip Code | | | |
| | | executive.automotive@hotr E-mail address: (| nail.com to be used for future annual report notifi | cation) | 7 | |
| For further | information c | oncerning this matter, please c | all: | | 3 <u>*</u> | DRP G |
| Derrick M | usselwhite | | 407 947-2392 at () | | 7: 45 | ATION |
| | Name o | f Person | | Telephone Number | | (5) |
| Enclosed is | a check for the | he 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 Sta Certified Copy (additional copy is er | tus & | |
| | | | | | | |

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

| CHASE AUTOMOTIVE LLC | | | |
|---|--|---------------------------------------|----------------|
| (<u>Name of the Limited Liahi</u> (A Floric | lity Company as it now appears on our records.) da Limited Liability Company) | | |
| The Articles of Organization for this Limited Liability (Florida document number L17000046222 | Company were filed on 02/27/2017 | and assig | gned |
| This amendment is submitted to amend the following: | · | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | | |
| The new name must be distinguishable and contain the words "Lin | mited Liability Company," the designation "LLC" or the ab | obreviation "L.L. | .C." |
| Enter new principal offices address, if applicable: | | · · · · · · · · · · · · · · · · · · · | |
| (Principal office address MUST BE A STREET ADD | RESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | <u> </u> | 17 | 돌 주 |
| Mailing address MAY BE A POST OFFICE BOX) | | 7.0 | Z C |
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| | | , yan | SON THE |
| 3. If amending the registered agent and/or regis | stered office address on our records, enter | the name of | <u>f⊆the</u> n |
| egistered agent and/or the new registered office add | dress here: | - | ATE A |
| | | euri euri | 75 |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | , Florida | | |
| | City | Zin 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 | JONES, DENNIS H, SR. | 651 L. F. ROPER PARKWAY | ■ Add |
| | | OCOEE, FL 34761 | ☐ Remove |
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| fective date, if other than the date in effective date is listed, the date must be stee: If the date inserted in this block cument's effective date on the Depart | does not meet the app | dicable statutory fi | r more than 90 days afi ling requirements, t | tional) er filing.) Pursuanis date will no | ant to 605.02 |
| record specifies a delayed ef The 90th day after the record | fective date, but is filed. | not an effective | e time, at 12:01 | a.m. on th | e earlier |
| ted March 16 | , 2017 | · | | | |
| · Dennis | ature of a member or au | uthorized representati | ive of a member | | |
| | | | | • | |

Page 3 of 3

Filing Fee: \$25.00