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	Registration Sec Division of Corp				
CL:D IEC	Corma Auto				
SUBJEC	.1:				
The enclo	osed Articles of a	Amendment and fee(s) are sub	unitted for filing		
		idence concerning this matter			
T Tease Te	tum an conceptor	Logan S. Parker, Esq.	to the following.		
		Bass Sox Mercer	Name of Person	 	
		2822 Remington Green Cir	Firm/Company cle		
		Tallahassee, Florida 32308	Address	2019	
		lparker@dealerlawyer.com	City/State and Zip Code	2019 OCT -8	
For furthe	er information co	E-mail address: (to be used for future annual report notifi ail:	cation)	
Logan S	. Parker, Esq.		850 878-6404	1. .ö	
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for the	e following amount:			
□ \$ 25.0	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)	
	Registra	NG ADDRESS:	STREET/COURIE Registration Section	ı	

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Corma Automotive, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 17, 2017 and assigned Florida document number _____L17000062367 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 designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _____ , Florida _ City

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Juan Carlos Correa Mantilla	600 Brickell Ave	
		Suite 2950	
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		Miami, Florida 33131	
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(If an effective Note: 1	re date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of fi f the date inserted in this block does not meet the applicable statute int's effective date on the Department of State's records.	ling or more than 90 days after filing.) Pursuant to 605	5.0207 (3) ed as the
	ord specifies a delayed effective date, but not an effe 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlie	er of:
	October 8 2019		

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Typed or printed name of signee

Filing Fee: \$25.00