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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

Phone

: (845)425-0077

Fax Number

: (845)818-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARESA AUTOMOTIVE, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SA AUTOMOTIVE, LLC	
(Name of the Limited Liabil	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability ( Florida document number L17000062378	Company were filed on March 17, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	iited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
		APR
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		<b>9</b> 23
B. If amending the registered agent and/or registered agent and/or the new registered office add	ress bere:	iter the namecof the new
	ď.	
Name of New Registered Agent:		
New Registered Office Address:		<u>.</u>
	Enter Florida street address	
	, Florid	
	Clb	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		
MGR	Clemente Pablo Vallejo	600 Brickell Ave, Suite 2950			
		Miami, FL 33131	□ Remove		
			□ Change		
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	han the date of filing:	neat be prior to date of	Thing or more than 90 destroy filing requirement	_(optional) ys after filing.) Pursuant in hts, this date will not be	605.0207 listed as	(3)(b) the
<u>ote:</u> If the date inserted i	n this block does not mee	e's records.				
Mective date, if other the effective date is listed, the lotte: If the date inserted is occurrent's effective date is record specifies a County of the 90th day after the effective date is the effective date.	n this block does not mee on the Department of Stat lelayed effective dat	e's records.	fective time, at 17	2:01 a.m. on the e	arlier of	;

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