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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Optimus Auto Sales LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Eligio CARDET Name of Person	
Firm/Company	
17212 Lee Rd Address	
City/State and Zip Code eliquo cardet 2003 O yahoo. com E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Eliquo CARDET at (305) 587 - 6414 Name of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\tag{\$\text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\tag{\$\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\tag{\$\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\tag{\$\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\tag{\$\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\tag{\$\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\tag{\$\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\tag{\$\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\tag{\$\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\tag{\$\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\tag{\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\tag{\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\tag{\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\tag{\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\tag{\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\tag{\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\tag{\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\tag{\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\tag{\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\tag{\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\tag{\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\tag{\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\tag{\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\tag{\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\tag{\text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\text{	Status &

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

Optimus Auto	Sales LLC	
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 3/22/2017	and accionad
Florida document number <u>L17000065076</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	L.L.C	hhadid with Co
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL	33967
Enter new mailing address, if applicable:	17212 Lee Rd	
(Mailing address MAY BE A POST OFFICE BOX)	Fort Myers, FL	339 ¢ 7
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	量用
Name of New Registered Agent:		26
New Registered Office Address:		프 _ 므
	Enter Florida street address	8: 2 RIG
·	, Florida	Zip Code
N. P. C. A. C. C.		

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	Joseph Cimilluca	15834 Brothers Ct	Add
		Fort Myers, FL 33912	Remove
			☐ Change
			Remove
			Change
			□ Add
			Remove
			_□ Change
			_□ Add
			_□ Remove
			_□ Change
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ffective date, if other than the date of filing: 1/23/2018 an effective date is listed, the date must be specific and cannot be prior to date of filing ote: If the date inserted in this block does not meet the applicable statutor occument's effective date on the Department of State's records.	no service (O) to O (C)
e record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	
Signature of a member or authorized representation	

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Filing Fee: \$25.00