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COVER LETTER

Registration Section 11: **Division of Corporations**

SUBJECT:	re-Owned Plus LLC.		
	Name of Limi	ted Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nicole Matthews		
		Name of Person	
	Executive Pre-Owned Plus	LLC.	
		Firm/Company	
	1511 Martin Luther King J	r. Blvd.	
		Address	
	Panama City, Florida 3240	5	
		City/State and Zip Code	
.`	executivepreownedplus@gr		· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca	all:	
i Dicole Matthews		850 691-2434	
Name o	of Person	Area Code Daytime	Telephone Number
	•		
Enclosed is a check for t	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 Status & Certified Copy ' (additional copy is enclosed)

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



Executive Pre-Owned Plus LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

. Articles of Organization for this Limited Liability Com	pany were filed on March 24,20	and assigned
oride, document number L17000067373		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	i liability company here:	
The new name must be distinguishable and contain the words "Limited	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 ADDRES	55)	,
•		
Enter new mailing address, if applicable:		•
(Mailing address MAY BE A POST OFFICE BOX)		
Wamending the registered agent and/or registered agent and/or the new registered office addres Name of New Registered Agent:	red office address on our ross here:	ecords, enter the name of the new
New Registered Office Address:		
::.	Enter Florida street	address
<u> </u>		Florida
	Ciņ·	. Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	,
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	i <mark>plete performance</mark> of my duta nt as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the fitte, name, and address of each person being added or removed from our records:

Title	Name		Address	Type of Action
MGR	Nicole Matthows		1616 Vecuna Circle	■ Add
			panama city beach, Fl. 32407	. □ Remove
		-		□ Change
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Peterl Traffy, 14	·/-	·		
1/4	Signature	of a member of authori	zed tepresentative of a men	ber .
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Page 3 of 3

Filing Fee: \$25.00