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Office Use Only



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### **COVER LETTER**

| cup in zyp         | CASH AU       | TO LLC   |  | -                             |                |          |
|--------------------|---------------|--|--|-------------------------------|----------------|----------|
| SUBJECT:           |               | Name of Lim                                      | nited Liability Company  |                               |                |          |
| The enclosed       | l Articles of | Amendment and fee(s) are sub                     | omitted for filing.  |                               |                |          |
| Please return      | all correspo  | ndence concerning this matter                    | to the following:  |                               |                |          |
|                    |               | ALEXIS T. CASH                                   |  |                               |                |          |
|                    |               | CASH AUTO LLC                                    | Name of Person   |                               |                |          |
|                    |               | 11610 SUMMER BROOK                               | Firm-Company CT  |                               |                |          |
|                    |               | Address  JACKSONVILLE, FLORIDA 32258             |  |                               |                |          |
|                    |               | CASHAUTOMOTIVELLC@                               | City/State and Zip Code<br>GMAIL.COM                                 |                               | 2018           |          |
| For further in     | nformation c  | E-mail address: (oncerning this matter, please e | to be used for future annual r<br>all:                               | eport notification)           | SEP 24         |          |
| ALEXIS T.          | CASH          |  | 904 323  | 3-9383                        | _i,            | T        |
|                    | Name o        | f Person   | Area Code  | Daytime Telephone Number      | AN II: 36      | ر برپیدا |
| Enclosed is:       | check for th  | ne following amount:                             |  |                               |                |          |
| <b>■</b> \$25,00 F | iling Fee     | □ \$30,00 Filing Fee &<br>Certificate of Status  | ☐ \$55,00 Filing Fee &<br>Certified Copy<br>(additional copy is encl | Certificat<br>osed) Certified | te of Status & |          |
|                    |               |  |  |                               |                |          |

#### MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

| CASH AUTO LLC  |  |   |                                  |   |          |
|--|--|---|----------------------------------|---|----------|
| (Name of the Lim   | ited Liability Compa<br>(A Florida Limited I | ny as it now appea<br>dability Company) | rs on our records.)              | <del>-</del>                                |          |
| he Articles of Organization for this Limited I<br>lorida document number L17000082281      | Liability Company                            | were filed on 02                        | 4/12/2017                        | and ass                                     | igned    |
| nis amendment is submitted to amend the fol  | lowing.                                      |   |                                  |   |          |
| . If amending name, enter the new name of  | of the limited liabi                         | lity company h                          | <u>ere</u> :                     |   |          |
| IXELA AUTO GROUP LLC   |  |   |                                  |   |          |
| e new name must be distinguishable and contain the   | words "Limited Liabil                        | ity Company." the                       | designation "LLC" or the abl     | oreviation "L.                              | C."      |
| nter new principal offices address, if appli   | cable:                                       | 5703 ST. AUC                            | GUSTINE ROAD                     |   |          |
| incipal office address MUST BE A STREET ADDRESS)  JACKSONVILLE, FLORIDA 32207              |  |   |                                  |   |          |
| nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> ) |  |   | ER BROOK CT<br>LE, FLORIDA 32258 | 20 10 ST                                    |          |
| If amending the registered agent and gistered agent and/or the new registered of           |  |   | n our records, <u>enter</u> i    | 4.7.4<br>4.7.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4. | of the n |
| Name of New Registered Agent:  | ALEXIS T. CA                                 | SH                                      |                                  | 1: 3 <b>6</b>                               |          |
| New Registered Office Address:   | 11610 SUMM                                   | ER BROOK CT                             |                                  |   |          |
|  |  | Enter Flo                               | orida street address             |   |          |
|  | JACKSONVILI                                  | <u></u>                                 | Florida <u>322</u>               | 258   |          |
|  |  | City                                    |                                  | 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>          | Address                     | Type of Action                                 |
|--------------|----------------------|-----------------------------|--|
| AMBR         | ALEXIS T. CASH       | 11610 SUMMER BROOK CT       |  |
|              |                      |                             |  |
|              |                      | JACKSONVILLE. FLORIDA 32258 |  |
|              |                      |                             | □ Remove                                       |
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| AMBR         | RANDOLPH D. CASH JR. | 11610 SUMMER BROOK CT       |  |
|              | <del></del>          |                             |  |
|              |                      | JACKSONVILLE, FLORIDA 32258 |  |
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| ADDING THE MIDDLE I   | NITIAL (T) TO READ: ALEXIS T. CASH  |   |
|---|---|---|
| REMOVING RANDOLPH   | ECASH JR.   |   |
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| ctive date, if other than th  | 09/18/2018<br>ne date of filing:  | (optional)                                    |
| effective date is listed, the date in<br>If the date inserted in this | ust be specific and cannot be prior to date of filing or more the block does not meet the applicable statutory filing rec<br>Department of State's records. | han 90 days after filing.) Pursuant to 605.0. |
| oasd ossifier s dels.   |   | 12.01   |
| ecord specifies a delay-<br>le 90th day after the re                  | ed effective date, but not an effective time ecord is filed.  | e, at 12:01 a.m. on the earlier               |
| 09/18<br>d  | 2018  |   |
|   | Ach   |   |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00