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S. WARREN SEP 0 5 2017

## **COVER LETTER**

SUBJECT: _	AUTOMAL	L OF ST PETE LLC		
		Name of Limit	ted Liability Company	<del></del>
The enclosed z	Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return a	ll correspor	ndence concerning this matter t	to the following:	
		ELVIR BOSKOVIC		
			Name of Person	
		AUTOMALL OF ST PETE	ELLC	
			Firm/Company	<del></del>
		6114 54TH AVE N		
			Address	
		KENNETH CITY, FL 3370	09	
			City/State and Zip Code	
		johnson.jessica19@yahoo.co	om to be used for future annual report notifi	cation)
For further inf	ormation co	oncerning this matter, please ca	all:	
ELVIR BOSK	COVIC		551 263-6823	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a c	check for th	e following amount:		
₩ \$25.00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

.

TO:

Registration Section Division of Corporations

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

(Name of the Limited	Liability Compan Florida Limited Li	y as it now appears (ability Company)	on our records.)	
The Articles of Organization for this Limited Liab	oility Company v	were filed on $\frac{0.5/2}{1}$	22/2017 and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabil	lity company her	<u>re</u> :	
EKOS AUTO SALES LLC				
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Company," the de	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicat	ole:	6114 54TH AVE	N	
(Principal office address MUST BE A STREET ADDRESS)		KENNETH CIT	Y, FL 33709	
Enter new mailing address, if applicable:		6114 54TH AVE	N	
Mailing address MAY BE A POST OFFICE B	OX)	KENNETH CITY, FL 33709		
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, enter the name of the	
Name of New Registered Agent:	ELVIR BOSKOVIC			
New Registered Office Address:	6114 54TH AVE N			
		Enter Flori	da street address	
	KENNETH CIT	·	Florida 33709	
		City	Zip Code	

CUTOMALI OF ST DETERMENT

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 biability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New-Registered

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>	Name	Address	Type of Action
AMBR	ELVIR BOSKOVIC	6114 54TH AVE N	
		KENNETH CITY, FL 33709	Remove
			Change
			Add
			□ Remove
			□ Change
			D Add
			☐ Remove
			☐ Change
			□ Remove
			Change
			Add
			Remove    Compared   C
			HLORDA CHOVE
			☐ Change

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Filing Fee: \$25.00