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S. WARREN AUG 0 1, 2017

## **COVER LETTER**

TO:	Registration Se Division of Cou			
		Wheels Auto Sales LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Brian DeMenezes		
			Name of Person	<del></del>
		West Coast Wheels Auto S	Sales 1.1.C	
			Firm/Company	
		10477 66th St N		
			Address	·
		Pinellas Park, FL 33782		
		bdemenezes@tampabay.rr.c	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notifi	cation)
For fu	rther information o	concerning this matter, please c	all:	
Brian	DeMenezes		727 804-5265	Telephone Number
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>□ \$</b> 2	5.00 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

West Coast Wheels Auto Sales LLC

he Articles of Organization for this Limited Liab		were filed on	. 2017	and assigned
orida document number	·			
nis amendment is submitted to amend the follow	ring:			
If amending name, enter the new name of the	ne limited liab	ility company here:		
'a				
e new name must be distinguishable and contain the word	ls "Limited Lizbil	hty Company," the design	ation "LLC" or the abbrev	iation "L.L.C."
nter new principal offices address, if applicab	de:	n/a 		
rincipal office address MUST BE A STREET .	ADDRESS)	<del></del>		
		n/a	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
nter new mailing address, if applicable:				
<u>lailing address MAY BE A POST OFFICE BO</u>	<u>)X)</u>		<del>-</del>	
			records, enter the	name of the
gistered agent and/or the new registered offic			records, <u>enter the</u>	name of the
Name of New Registered Agent:	e address hen		records, enter the	name of the
gistered agent and/or the new registered offic	e address hen			name of the
Name of New Registered Agent:	e address hen	<b>E</b>	reet address	name of the
Name of New Registered Agent:	e address hen	<b>E</b>	reet address , Florida	ip Code
	n/a	<b>E</b> : Enter Florida si	reet address , Florida	***************************************
Name of New Registered Agent:  New Registered Office Address:  Registered Agent's Signature, if changing Reg	n/a	Enter Florida si City	reet address, Florida	Lip Code
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registeredy accept the appointment as registered accept the appointment as registered accept the obligations of my position as registered accept the obligations of my position as registered.	ristered Agent: agent and agra and complete red agent as p	Enter Florida so  City  ee to act in this capa performance of my orovided for in Chap	reet address  Florida  Z  city: I further agree that its and family the following the following the control of	ip Code to comply with liar with and is document is
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered accept the appointment as registered accept the appointment as registered accept the obligations of my position as registering filed to merely reflect a change in the reg	ristered Agent: agent and agra and complete ared agent as p	Enter Florida so  City  ee to act in this capa performance of my orovided for in Chap	reet address  Florida  Z  city: I further agree that its and family the following the following the control of	ip Code to comply with liar with and is document is
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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

<u>'itle</u>	<u>Name</u>	Address	Type of Actio
<b>AGR</b>	Brian DeMenezes	225 11th Ave NE St Petersburg, FL 33701	
			Add
			□ Remove
			<del>- •</del>
			O Change
	<del></del>		Add
			П Ветюче
			Change
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			C Remove
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ective date, if other than the	he date of filing:	(123	optional)
te: If the date inserted in this	nust be specific and cannot be prior to date o block does not meet the applicable stat		
cument's effective date on the	Department of State's records.		
	ed effective date, but not an efecord is filed.	rective time, at 12:	01 a.m. on the earlier
he 90th day after the re	ecord is filed. 2017	fective time, at 12:	01 a.m. on the earlier
he 90th day after the re	ecord is filed. 2017	rective time, at 12:	Де. <b>17</b>
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