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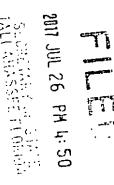
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J. HARRIS

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: DECIM	Mrker Aub S	Sales by ted Liability Company	, Michae	el First, LLC
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ndence concerning this matter to	o the following:		
	- Yvonne	Name of Person		
		Firm/Company	/ 	
	1518 Long	Pond D Address	<u> </u>	
	Valrico	City/State and Zip C	3594	
	:-mail address: (to	o be used for future and	0.COM	on)
For further information co	oncerning this matter, please cal	11:		
VONNE Name o	Ferson Person	at (<u>OS</u>) Area Code	BLO-5 Daytime Tele	5344 ephone Number
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy (additional copy i	y <mark>.</mark>	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STR	 	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

DEALMACKE HUTO (Name of the Limited Liability Compa (A Florida Limited)	SOLOCS DY MICHAEL HIST Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on JU1413, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Deal Maker Auto Sales The new name must be distinguishable and contain the words "Limited Liabi	- 1: · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:	20. 20 Em.
(Principal office address MUST BE A STREET ADDRESS)	J. J.
	2 P M
Enter new mailing address, if applicable:	P. I
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	Florida
Non-Bernand Acade Steel and Steel an	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Char	nging Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = N AMBR = A	lanager authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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amending any	y other informa	ition, enter change	e(s) here: (Attà	ch additional sh	eets, if necessary	•.)
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