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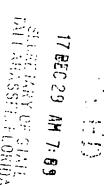
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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Lake City J Automotive Management UC Name of Limited Liability Company							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Jenn'i Ser Grand Name of Person							
Lake City Chrysler Docke Jeep Ram							
3031 NRaky Pant Dr W#770 Address							
Tampa F1 33607							
City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Name of Person at (813) 434 – 1992 Area Code Daytime Telephone Number							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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.

New Registered Agent's Signature, if changing Registered Agent:

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>	Name	Address	Type of Action
MGR	Larry Morgan	3031 N Racky Point Dr	W BAdd
	-	Tampa F1 33607	□ Remove
			□ Change
MGR	Brett Morgan	3081 N Rocky Point Dr	WAdd
	Tampa F1 33607	□ Remove	
			Change
			□ Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior	to date of filing or a	op	tional)	recent t	a 605 071
ocument's effective date on the Department of State's records.	able statutory fili	ng requirements, t	his date wil	l not be	e listed a
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e record specifies a delayed effective date, but no The 90th day after the record is filed.	ot an effective	time, at 12:01	. a.m. on	the e	arlier
ated 12/19/17					
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Page 3 of 3

Filing Fee: \$25.00