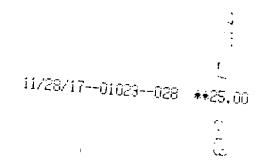
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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Se Division of Cor				
e:130 112		JTO SALES IMPORTS LLC			
SUBJE	.C.I;	Name of Lim	ited Liability Company	···	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	return all correspo	ndence concerning this matter	to the following:		
		Hector S. Quijano			
			Name of Person		
			Firm/Company		
		2779 Old Dixie Hwy Unit-	1.		
			Address	 	
		Kissimmee FL 34744			
		City/State and Zip Code			
		JAGSAUTOSALESIMPOR	•		
		E-mail address: (to be used for future annual report notifi	cation)	
For furt	ther information e	oncerning this matter, please ca	all:		
Hector	S. Quijano		407 970-1917 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	ed is a check for th	re following amount:			
■ \$25	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

J.A.G.S. AUTO SALES IMPORTS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	 -
The Articles of Organization for this Limited Liability Company	were filed on 11/21/2017 and	l assigned
lorida document number <u>L17000182390</u> .		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LEC" or the abbreviatio	n "L.1C."
Inter new principal offices address, if applicable:	2779 Old Dixie Hwy Unit - L	
Principal office address MUST BE A STREET ADDRESS)	Kissimmee FL 34744	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		-:
		ī
3. If amending the registered agent and/or registered o		me of the
egistered agent and/or the new registered office address her	<u>e</u> :	
	4	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	S. f.
	City Zip C	ode

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Remove
			Change
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	11/21/2017			
te: If the date inserted in this	the date of filing: must be specific and cannot be prior to s block does not meet the applicable Department of State's records.	date of filing or more than 90, e statutory filing requirer	(optional) days after filing.) Pursuant t nents, this date will not b	to 605,020 e listed a.
record specifies a dela he 90th day after the i	yed effective date, but not a record is filed.	an effective time, at	12:01 a.m. on the e	arlier c
red	2017			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00