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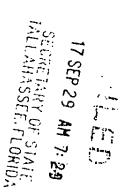
(Requestor's Name)	
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PICK-UP WAIT	MAIL
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(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	

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COVER LETTER

TO:	Registration Se Division of Con			
SUBJEC		RECT AUTO SALES		
SUBJR		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	ū	
		HECTOR NIEVES		
			Name of Person	
		KARS DIRECT AUTO SA	ALES, LLC	
			Firm/Company	
		131 VALRICO STATION	RD APT 304	
			Address	
		VALRICO, FL 33594		
			City/State and Zip Code	
		hnieves1998@gmail.com	to be used for future annual report notific	antion)
For furth	er information c	oncerning this matter, please ca	·	atton
несто	R NIEVES		813 957-0130	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$25.	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

KARS DIRECT AUTO SALES, LLC		
(Name of the Limited Liability Compan- (A Florida Limited Lia	as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on SEPTEMBER,14,2017	and assigned
Florida document number L17000191555		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u>></u>
Enter new mailing address, if applicable:	 	17 SE
(Mailing address MAY BE A POST OFFICE BOX)		30
		C 255
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		he name of the n
Name of New Registered Agent:	<د	
New Registered Office Address:		_
	Enter Florida street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Name</u>	<u>Address</u>	Type of Action
PRESIDE	HECTOR NIEVES	131 VALRICO STATION RD AP¶ 36Ч	Add
		VALRICO, FL 33594	🗆 Remove
			Change
MGR	RYAN NIEVES	131 VALRICO STATION RD APT 304	
		VALRICO, FL 33594	■ Remove
			□ Change
MGR	ANTHONY NIEVES	131 VALRICO STATION RD APT 364	Add
		VALRICO, FL 33594	■ Remove
			☐ Change
			Add
			Remove
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e record specifies a delayed e The 90th day after the record		but not a	an effectiv	e time, at	12:01 a.r	n. on the	e earl	ier (
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Filing Fee: \$25.00