## L17000/93555

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name	)
(Dc	ocument Number)	
Certified Copies	_ Certificates o	f Status
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## COVER LETTER . . . .

TO:	Registration Sec Division of Corp			
C11D		SALES LLC		
SUB.	JECT:	Name of Limi	ited Liability Company	
The e	enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	e return all correspoi	ndence concerning this matter	to the following:	
		FRANCISCO A RODRIG	UEZ	
			Name of Person	<del> </del>
			Firm/Company	
		2710 PRESTWICK LN	, ,	
			Address	<del></del>
		KISSIMMEE FL 34744		
			City/State and Zip Code	
		EANDFAUTOSALESFL@		
		E-mail address: (1	to be used for future annual report notifi	cation)
For f	urther information co	oncerning this matter, please co	all:	
FRA	NCISCO A RODRIG	GUEZ	917 9294101	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclo	osed is a check for th	e following amount:		
<b>₽</b> \$	325.00 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

E&F AUTO SALES LLC	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number L17000193555	were filed on 9/18/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili 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)	PH TO
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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.

Cinv

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>	Address	Type of Action
AMBR	EDUARDO G RODRIGUEZ 3162 WHOOPING CRANE RUN		
		KISSIMMEE FL 34741	Remove
			_ ☐ Change
AMBR	FRANCISCO A RODRIGUEZ	2710 PRESTWICK LN	<b>=</b> Add
		KISSIMMEE FL 34744	□ Remove
			Change
			Remove T
			Remove The
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			Change
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ffective date, if other than the	date of filing:		for	ational)
an effective date is listed, the date must	be specific and cannot be p	prior to date of tiling	or more than 90 days a	fter filing.) Pursuant to 605.02
ote: If the date inserted in this blo ocument's effective date on the De	ck does not meet the ap	plicable statutory	filing requirements.	this date will not be listed
ocument's effective date on the 196	partition of State s reco	nus.		
e record specifies a delayed		not an effecti	ve time, at 12:0	1 a.m. on the earlier
The 90th day after the reco	ord is filed.			
MOVEMBER 3	2017			
ated NOVEMBER 2	. 2017	·		
	<b>-</b>			
	Signature of a member or a	authorized represent	ative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00