## 117000198819

| (Re                     | questor's Name)   | <del></del> |
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|                         |                   |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | MAIT              | MAIL        |
|                         |                   |             |
| (Bu                     | siness Entity Nar | ne)         |
| - (Do                   | ocument Number)   |             |
| (50                     | ,                 |             |
| Certified Copies        | _ Certificates    | s of Status |
|                         |                   |             |
| Special Instructions to | Filing Officer:   |             |
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Office Use Only

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## **COVER LETTER**

| subject: <u>EST</u>        | ero Auto Excha<br>Name of Lim                   | NGC , U.C. ited Jiability Company          | <del></del>                               |
|----------------------------|---|--|---|
| The enclosed Articles of   | Amendment and fee(s) are sub                    | mitted for filing.                         |   |
| Picase return all correspo | ondence concerning this matter                  | to the following:                          |   |
|                            | Levin   | Smin Jr<br>Name of Person                  |   |
|                            | <u>Estero</u> A                                 | Tuto Exchange, LI                          |   |
|                            | 8121 Rusie                                      | S Court Unit # 25                          | )   |
|                            |   |  |   |
|                            | E-mail address                                  | to he used for future annual report notifi | ication)                                  |
| For further information of | concerning this matter, please ca               | all:                                       |   |
| Division of Corporations   |   |  |   |
| Enclosed is a check for t  | he following amount:                            |  |   |
| S25.00 Filing Fee          | □ \$30.00 Filing Fee &<br>Certificate of Status | Certified Copy                             | Certificate of Status &<br>Certified Copy |
|                            |   |  |   |

MAHLING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limite                                     | Exchange LLC  | rds.)                    | _                |               |
|---|---|--------------------------|------------------|---------------|
| •   | (A Florida Limited Liability Company)                 |                          |                  |               |
| The Articles of Organization for this Limited Li.       | ability Company were filed on Sept 2                  | Le, 2017 and             | assigne          | d             |
| Florida document number <u>L17,000,19481</u>            | <u> </u>  |                          |                  |               |
| This amendment is submitted to amend the follo          | owing:  |                          |                  |               |
| A. If amending name, <u>enter the new name of</u>       | the limited liability company here:                   |                          |                  |               |
|   |   |                          |                  |               |
| The new name must be distinguishable and contain the wo | ords "Limited Liability Company," the designation "LL | .C" or the abbreviation  | "L.L.C."         |               |
| Enter new principal offices address, if applica         | ible:   |                          |                  |               |
| Principal office address MUST BE A STREE                |   | F                        | 20               |               |
| Trincipal office dadress 81031 Dr. A 31 Rizi.           | (ADDRESS)   |                          | 7                |               |
|   |   |                          | <del>- 8</del> 7 |               |
|   |   |                          | ا<br>دی          | J=            |
| Enter new mailing address, if applicable:               | · · · · · · · · · · · · · · · · · · ·                 | ***                      |                  | <del></del>   |
| <u>(Mailing address MAY BE A POST OFFICE I</u>          | <u></u>   |                          | <u> </u>         | <del>`</del>  |
|   |   | <u> </u>                 | <u>::</u>        |               |
|   |   | <i></i>                  | $\sim$           |               |
| B. If amending the registered agent and/o               | • •   | ds, <u>enter_the_nan</u> | <u>ie of t</u>   | <u>he nev</u> |
| registered agent and/or the new registered of           | nce adoress nere:                                     |                          |                  |               |
| Name of New Registered Agent:                           | Strucusposas  |                          |                  |               |
| New Registered Office Address:                          | Enter Florida street addr                             | ess                      |                  |               |
|   | To a a OSTA o a a                                     | lorida                   | à                |               |
|   | $City$ $\forall$                                      | Zip Co                   | de               |               |

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

|                                      | Authorized Person(s) authorized to n<br>rom our records: | nanage, <u>enter the title, name, and address of each</u> | person being ad       |
|--------------------------------------|--|---|-----------------------|
| MGR = Ma<br>AMBR = Au                | mager<br>thorized Member                                 |   |                       |
| <u>Title</u>                         | Name   | Address   | Type of Action        |
| MUMB                                 | Nick Smith   | 23411 Amarillo Street                                     |                       |
| raging partner                       | Bonin Springs, FL 34135                                  | Remove  |                       |
|                                      |  |   | 🖸 Change              |
| MbMB Klyin Smith Jr<br>aging Purtner | Kevin Smin Ir  | 271070 Hacienda Fast BLUD                                 | <b>y</b> Add          |
|                                      | #B302, Bonita Spnnys, fl                                 | □ Remove  |                       |
|                                      |  | 3+135   | Change                |
|                                      |  |   | O Add                 |
|                                      |  |   | □ Remove              |
|                                      |  | 12.00   | Change                |
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| · .                                  |  |   | Change  Add           |
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|                                      |  |   |                       |
|                                      |  |   | □ Remove              |
|                                      |  |   |                       |

|                              | Charge Nick Smith (AZ) to (MUMB-mangging business owner) parmer.   |                |
|------------------------------|--|----------------|
| _                            | business owner parmer.   |                |
| -                            | Add Kevin Smith or as (Mams) as well   |                |
| _                            |  |                |
| _                            |  |                |
| _                            |  |                |
| _                            |  |                |
| _                            |  |                |
| _                            |  |                |
| (H'un effe<br>  <u>Note:</u> | we date, if other than the date of filing:   | 0207<br>d as ' |
|                              | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed. | rof            |
| Dated _                      | October 3rd, 2017.   | <b>.</b>       |
|                              | Signature of a plember or authorized representative of a member  | 117 000        |
|                              | Revin Smith Jr Nich Smith Typed or printed name of signee  |                |

Filing Fee: \$25.00