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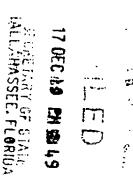
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### **COVER LETTER**

Division of Corporations		<b>9</b>
SUBJECT: CHETS	DIXIE AUTO P	
The enclosed Articles of Amendme	nt and fee(s) are submitted for filing.	
Please return all correspondence co	ncerning this matter to the following:	
	LESTER V. Mill	ET
	HETS DIXIE QUT	OPARTS LLC
_5	28 South D'xizh	my East
<u>~</u>	o meno BEAN City State and Zip (	71. 33060 ode
<u> </u>	E-mail address: (to be used for future an	mul report notification) COM
For further information concerning	this matter, please call:	
CLESTER V. M. Name of Person	iller at (954) Area Code	Daytime Telephone Number
Enclosed is a check for the following	ng amount:	
e e	00 Filing Fee & S55.00 Filing I Certified Cop (additional copy	y Certificate of Status &

#### 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

CHEIZ DIXIE HULL		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on $10 - 11 - 20$	and assigned
Horida document number L17000 210360.		
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" $\mathcal{L}$		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>S)</u>	
		<b>8</b>
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		SEX CO
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, g	enter the name of the new
entered agencianos of the new registered yines address	inte.	
Name of New Registered Agent:	NA	
New Registered Office Address:		
The stage of the state of	Enter Florida street address	<del></del>
	, Flori	da
	City	Zip Code

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 dutics, 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.

W 'A 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 Chester V. Millen 2572 F Rd Loyalad ex Fl BAdd (Sole MEMBER MANAGER) \_\_\_\_\_ Change \_\_\_\_ \_ \_ \_ Add \_□ Add \_\_\_\_ Change \_□ Add ☐ Remove ☐ Change \_□ Add □ Remove

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Effective date, if other than the date of filing:			<u> </u>	
If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applica document's effective date on the Department of State's records.	able statutory filing rec	(optional) han 90 days after tiling puirements, this date	.) Pursuant to 6□	05,0207 ( sted as t
ne record specifies a delayed effective date, but not The 90th day after the record is filed.	t an effective time	e, at 12:01 a.m.	on the ear	lier of:
Dated Dec. 16th 2017.	·			
	aa' r			
Signature of a member or autho	prized representative of a	member	<del></del>	

Page 3 of 3

Filing Fee: \$25.00